



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3000

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 141703		2. Exact name of the limited liability company FRITSCH COMPANY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MARITIME TRADES			
5. Principal office address 3852 MAIN ROAD		City TIVERTON	State RHODE ISLAND	Zip 02878	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID M. BOHONNON			Contact Title ATTORNEY		
Street Address 205 CHURCH STREET, SUITE #506		City NEW HAVEN	State CT	Zip 06510	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name DAVID FRITSCH			Manager Name		
Street Address 411 WALNUT STREET, #3459			Street Address		
City GREEN COVE SPRINGS	State FL	Zip 32043	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name RICHARD S. HUMPHREY			Address 3852 MAIN ROAD		
Address			City TIVERTON	Zip 02878	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

141703

File Date	FILED
Check No.	OCT 31 2007
By:	By 0000005082
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

David M. Bohonnon, Its Attorney

Print or Type Name of Authorized Person