

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY, ANNUAL REPORT FOR THE YEAR 200

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 negality fee of \$25.00

(K.I.G.L. /-10-00 (b&	c)) is subject	to a penalty fee of \$25.0	Ю.						
1. ID No.	2. Exact	2. Exact name of the limited liability company							
146653	PRED	PREDATOR LLC							
3. State of Formation				which is actually conducted in Rhode Is	sland				
RHODE ISLAND COMMERCIAL FISHING									
5. Principal office ada	tress 4/	Spring 1:	hII NI)	City Pertsmith	State //	\mathcal{L}	ip 2 8 ? 1		
6. MAILING ADD	RESS OF L	IMITED LIABILITY	COMPANY AND NAM	E OR TITLE OF CONTACT PI	ERSON:	•			
Contact Name NEIL HAYES			Contact Title MANY 12						
Street Address				City	State	Z	P		
	57	ME							
7. NAME AND AL	DRESS OF	BACH MANAGER	OF THE LIMITED LIA	BILITY COMPANY, IF APPLIC	ABLE DO	OT LIST M	MRERS		
TATTE AND A	Prince of the second	FILL IN SPACE	es before using at	TACHMENTS ("X" BOX FOR	ATTACHMENT)		·		
Manager Name Meil Hayy			Manager Name						
Street Address 41 Spring HII NA			Street Address						
City Patzmis	r IJ	State /1 C	Zip 02871	City	State	Zi	Þ		
Manager Name	************	J		Manager Name			***************************************		
Street Address				Street Address	Street Address				
				•					
City	•	State	Zip	City	State	Zi	p		
8. RESIDENT AC	ENT IN PE	DDB 1814 NO. DA	 NOT ALTER - Chance	es require filing of Form 64	. .				
Agent Name			HOT WEETER - CHARK	Address	4	10-11			
NEIL HAYES									
Address				City	City Zip				
41 SPRING HILL ROAD				PORTSMOUTH					

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

File Date	
Check No.	0EC 19 200 100
Bν:	RV. PS
2004 2004	FOR SECRETARY OF STATE USE ONLY

Jnder penalty of perjury, I declare and a	iffirm that l	l houa avami	nad this vancut
ncluding any accompanying schedules a			
contained herein are true and correct.		i ,	
Who	lı	14/0	7
ignature of Authorized Person	Date	2	
Nriz H	A 415)	
Print or Type Name of Authorized Person	<i></i>		" "