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
401.222.3040

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.	2. Exact name of the limited liability company
97531	KENPORT MARINA, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	MARINA, FISH AND BAIT.

5. Principal office address	City	State	Zip
28 Caswell Street	Narragansett	RI	02882

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Donald C. Mattera	Manager

Street Address	City	State	Zip
63 Bliss Road	Wakefield	RI	02879

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	Street Address	City	State	Zip
Donald C. Mattera	63 Bliss Road	Wakefield	RI	02879
Michael B. Haas	21 Riverview Drive	Wood River Junction	RI	02894
Lawrence T. Goss	257 Main Street	Wakefield	RI	02879

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
MARK A. MCSALLY, ESQ.	28 CASWELL STREET	NARRAGANSETT	02882-

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

[redacted] [redacted]

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.

6/3/, 2008
Signature of Authorized Person *Date*

Donald C. Mattera
Print or Type Name of Authorized Person

[redacted]

File Date 6-4-08
Check No. 650 AAP
By: MMC
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07