



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. 160384		2. Exact name of the limited liability company Mutiny, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Purchase of Marine Vessel			
5. Principal office address 130 Bellevue Avenue		City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name T.G. Kane, Jr.			Contact Title		
Street Address 350 Stuyvesant Ave		City Rye	State NY	Zip 10580	
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) <input type="checkbox"/>					
Manager Name T.G. Kane Jr.			Manager Name W. Andrew Shea		
Street Address 350 Stuyvesant Ave			Street Address 240 Milton Road		
City RYE	State NY	Zip 10580	City RYE	State NY	Zip 10580
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 PETER BRENT REGAN, ESQ.			Address		
Address 130 BELLEVUE AVENUE, UNIT 2			City NEWPORT	Zip 02840-	

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

File Date	6-26-08
Check No.	A 7573 P 7571
By:	MNC
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.

T. Gibbs Kane, Jr. **6/2/08**
Signature of Authorized Person Date
T. GIBBS Kane, Jr.
Print or Type Name of Authorized Person