RI SOS Filing Number: 200835380230 Date: 09/18/2008 4:00 PM

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 2008

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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
128492	ORCA DIVERS, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	SCUBA DIVING SERVICES

5. Principal office address	City	State	Zip
547 THAMES STREET	NEWPORT	RI	02840

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

Contact Name	Contact Title
JOHN CROSBY	MANAGER

Street Address	City	State	Zip
580 THAMES STREET	NEWPORT	RI	02840

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	Manager Name
JOHN CROSBY	**********
Street Address	Street Address
547 THAMES STREET	

City	State	Zip	City	State	Zip
NEWPORT	RI	02840			

Manager Name	Manager Name
**********	**********
Street Address	Street Address

City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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.

MAVRICE CUSICK 9/16/08
Signature of Authorized Person *Date*

MAVRICE CUSICK
Print or Type Name of Authorized Person

[redacted]

File Date 9-18-08
Check No. 1915
By: MMC
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/08

25869-1-285262