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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
109952	Old Slip Marine, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OWNING AND OPERATING A YACHT AND OTHER CORPORATE PURPOSES

5. Principal office address	City	State	Zip
EDWARDS & ANGELL, PALMER & DODGE LLP 130 Bellevu	Newport	RI	02840

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

Contact Name	Contact Title
Arthur W. Murphy, Esq.	Secretary

Street Address	City	State	Zip
130 Bellevue Avenue	Newport	RI	02840

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
John J. Dwyer	c/o Arthur W. Murphy, Esq., Edwards & Angell, L	130 Bellevue Avenue	RI	02840

Manager Name	Street Address	City	State	Zip

Manager Name	Street Address	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	Address
ARTHUR W. MURPHY, ESQ.	130 BELLEVUE AVENUE

Address	City	Zip
EDWARDS & ANGELL, LLP	NEWPORT	02840-

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] 1 0 9 9 5 2

109952 DLLC 09/09/03 09:46:21 AM
File Date 9-18-08
Check No. 1033
By: mnc
FOR SECRETARY OF STATE USE ONLY
25899-32-285299

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* 9-18-08

[redacted] John J. Dwyer
Print or Type Name of Authorized Person

Form 632 Rev. 6/02