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 [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.

Signature of Authorized Person *Date* 9-18-08

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

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

Form 632 Rev. 6/02