

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, Rt 03904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR\_2008

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.

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RHODE ISLAND  TO PROVIDE STORAGE AND OTHER RELATED SERVICES FOR BOATS AND MARINE EQUIPMENT  1. Principal effice address 1 BAY AVENUE  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contract Name  RONALD A. BETHEL  PRESIDENT  Street Address 19 UXBRIDGE RD  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE - DO NOT LIST MEMBERS  FILL IN SPACES BEFORE USING ATTACHMENTS CX BOX FOR ATTACHMENT    Manager Name  Manager Name  Manager Name  Manager Name  Manager Name  Street Address  Street Address  Street Address  Street Address  Giy  State  Zip  Street Address  Giy  State  Zip  Street Address  Giy  Nate  Zip  Street Address  Giy  Nate  Zip  Street Address  Giy  Nate  Zip  Street Address  Figure filing of Form 642  R. E.G.L. 7-16-11  Address  EDWARD J. GOMES, ESQ.  Address  Giy  Zip  Zip		1									
RHODE ISLAND  TO PROVIDE STORAGE AND OTHER RELATED SERVICES FOR BOATS AND MARINE EQUIPMENT  5. Principal effice debres 1 BAY AVENUE  (City WARWICK RI 02889  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON; Compact Name RONALD A. BETHEL  PRESIDENT  Street Address  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  FILL IN SPACES BEFORE USING ATTACHMENTS. (CX BOX FOR ATTACHMENT)  Manager Name  Manager Name  Memoger Name  Memog	3. State of Formation	<u> </u>	4. Brief description of the	e character of the husiness wh	tch is actually conducted in 6	Shoda tolonad					
S. PRINCIPAL OFFICE ADDRESS OF LIMITED LIABILITY COMPANY AND NAME ON TITLE OF CONTACT PERSON:  Contact Name  CONTACT THE  PRESIDENT  Street Address  City  State  Zip  Address  City  State  Zip  Address  City  State  Zip  Address  City  Zip  City  State  City  Zip  City  Zip  City  Zip  City  Zip  City  Zip  City  State  Zip  City  City  State  Zip  City  Ci											
MARWICK RI 02889  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Table RONALD A. BETHEL PRESIDENT  Street Address  19 UXBRIDGE RD  MENDON  MA  01756  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	ì ""				" <del>`````````````````````````</del>						
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Title  PRESIDENT  Street Address  19 UXBRIDGE RD  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  FILL IN SPACES BEFORE USING ATTACHMENTS (XX BOX FOR ATTACHMENT)  Manager Name  Street Address  City  Street Address  City  State  Zip  City  State  Zip  Street Address  City  State  Zip  Address  City  Zip  Address  Zip  Address  Zip  Address  Zip  Address  Zip  Address  Zip  Zip  Zip	1 BAY AVENUE				WARWICK	RI	l -				
RONALD A. BETHEL	6. MAILING ADDRES	SS OF L	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTA	CT PERSON:		40.040kg z z			
Street Address  19 UXBRIDGE RD  MENDON  MA  01756  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED HABILITY COMPANY. IF APPLICABLE DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS TX BOX FOR ATTACHMENT		(P-)			•		TRANSPORT TO THE PROPERTY OF T	1411 111 4 24 424			
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 R.I.G.L. 7-16-11  Agent Name  EDWARD J. GOMES, ESQ.  Address  City  Zip	Street Address				Street Address						
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 R.I.G.L. 7-16-11  Agent Name  EDWARD J. GOMES, ESQ.  Address  City  Zip	×72.										
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying chedule and statements, and that all statements, contained herein are to be and correct.

Signature of Authorized Person

Date

Rowa Co. A. BETHEL

Print or Type Name of Authorized Person