



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) 222-3030

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

**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)(5)) is subject to a penalty fee of \$25.00.


|   |             |   |                |             |              |
|---|-------------|---|----------------|-------------|--------------|
| 1. ID No.<br>132442   |             | 2. Exact name of the limited liability company<br>Polygig, LLC  |                |             |              |
| 3. State of formation<br>Rhode Island   |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>To produce and market polycoated jigs and related items for the fishing industry |                |             |              |
| 5. Principal office address<br>3305 South County Trail  |             | City<br>East Greenwich  |                | State<br>RI | Zip<br>02818 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |             |   |                |             |              |
| Contact Name<br>John B. Murphy, Esquire   |             |   | Contact Title  |             |              |
| Street Address<br>38 North Court Street   |             | City<br>Providence  |                | State<br>RI | Zip<br>02903 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |   |                |             |              |
| Manager Name<br>Edward Shea   |             |   | Manager Name   |             |              |
| Street Address<br>3305 South County Trail   |             |   | Street Address |             |              |
| City<br>East Greenwich  | State<br>RI | Zip<br>02818  | City           | State       | Zip          |
| Manager Name  |             |   | Manager Name   |             |              |
| Street Address  |             |   | Street Address |             |              |
| City  | State       | Zip   | City           | State       | Zip          |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>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).

132442

|                                 |         |
|---------------------------------|---------|
| File Date                       | 9-25-09 |
| Check No.                       | 29507   |
| 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.

 9-23-09  
Signature of Authorized Person Date  
John B. Murphy, Esquire  
Print or Type Name of Authorized Person