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 <u>2009</u>

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**
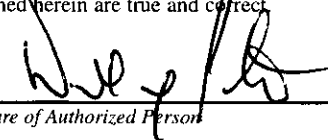
* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No. 105712	*2. Exact name of the limited liability company* Opus Enterprises LLC		

3. State of Formation RHODE ISLAND	*4. Brief description of the character of the business which is actually conducted in Rhode Island* BOATING		

5. Principal office address 11 MEMORIAL BOULEVARD	*City* NEWPORT	*State* RI	*Zip* 02840

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

Contact Name JAMES F. HYMAN	*Contact Title* ESQ.		
Street Address 11 MEMORIAL BOULEVARD	*City* NEWPORT	*State* RI	*Zip* 02840

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u>
FILL IN SPACES BEFORE USING ATTACHMENTS   ("X" BOX FOR ATTACHMENT)   ☐

Manager Name N/A			*Manager Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*
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).

File Date *10-5-09* Check No. *8430* By: *mmc* 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. Signature of Authorized Person _____ Date 9/22/09 **WILLIAM PATSIGA, MEMBER** *Print or Type Name of Authorized Person*

Form 632 Rev. 08/08