



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

|                                                                                                                                                                                                               |             |                                                                                                                      |                           |                       |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------|--------------|
| 1. ID No.<br>116304                                                                                                                                                                                           |             | 2. Exact name of the limited liability company<br>TAT WATER TRANSPORT, 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>MARITIME TRADES |                           |                       |              |
| 5. Principal office address<br>3852 MAIN ROAD                                                                                                                                                                 |             | City<br>TIVERTON                                                                                                     |                           | State<br>RHODE ISLAND | Zip<br>02878 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |             |                                                                                                                      |                           |                       |              |
| Contact Name<br>RICHARD S. HUMPHREY                                                                                                                                                                           |             |                                                                                                                      | Contact Title<br>ATTORNEY |                       |              |
| Street Address<br>3852 MAIN ROAD                                                                                                                                                                              |             | City<br>TIVERTON                                                                                                     |                           | State<br>RI           | Zip<br>02878 |
| 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>DR. JAMES A. TATOIAN                                                                                                                                                                          |             |                                                                                                                      | Manager Name              |                       |              |
| Street Address<br>203 IVY LANE                                                                                                                                                                                |             |                                                                                                                      | Street Address            |                       |              |
| City<br>HAVERFORD                                                                                                                                                                                             | State<br>PA | Zip<br>19041                                                                                                         | 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).

116304

**FILED**

File Date OCT 30 2009  
Check No. By 1065  
By: \_\_\_\_\_

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

DAVID M. BOHONNON, ITS ATTORNEY

Print or Type Name of Authorized Person