

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02004-2615

2009

Providence, RI 02904-2615 401,222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR_

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.

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1. ID No. 2. Exact name of the limited liability company						
361843	BC N	ARINE CA	NUAS LLC			
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island						
FI FABRICATION OF CANVAS MARINE COVERS 5. Principal office address 100 FOLLY LANDING ROAD WARWICK RI 02880						
5. Principal office address		3 - 3	City	State)	02880	
100 FOLLY	LANDIN	16, KOAD	WARWICK	K	102880	
6. MAILING ADDRESS (OF LIMITED LIAB	ILITY COMPANY AND I	NAME OR TITLE OF CONTACT	ľ PERSON:		
Contact Name ROGER	LEE BR	AYTON, JR	Contact Title - CWN	COMMER STON STON P. 1 02919		
Street Address			CHy	State	Zip	
ROGER LEE BRAYTON, JR Street Address 171 CENTRAL AVE			JOHN STOM	0 81	02919	
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			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name	*******		Manager Name	Manager Name		
Street Address			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						
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

	5-7-2010
File Dute	
Check No.	
Ву:	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.

Signature of Authorized Person

EE BRAYTON, JR

Print or Type Name of Authorized Person