

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 2010

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 (hrbr)) is subject to a penalty for of \$25,00

97994		t name of the limited liability company R Dock Company,L.L.C.				
3. State of Formation 4. Brief description of the character of the business. Dock with attached land			iness which is actually conducted in Rhode Island			
5. Principal office address 1151 Succotash Road			City Jerusalem	State RI	<sup>Ztp</sup> 02879	
	RESS OF LIMITED LIA	BILITY COMPANY AND	NAME OR TITLE OF CONTACT	r person:	'	
Contact Name			Contact Title	• ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
Stuart Robinson			Principal			
Street Address 1151 Succotash Road			City	State	Zip	
			Narragansett	RI	02879	
	FILE IN	SPACES BEFORE USING	G ATTACHMENTS ("X" BOX F	OR ATTACHMENT) [		
Manager Name Donna Robinso Street Address 1151 Succotash	n	SPACES BEFORE USING	G ATTACHMENTS (*X* BOX F  Manager Name  Street Address	OR ATTACHMENT)		
Donna Robinso Street Address	n	Zip	Manager Name	State	Zip	
Donna Robinso Street Address 1151 Succotash	n Road		Manager Name Street Address		Zip	
Donna Robinso Street Address 1151 Succotash Ctty	n Road State	Zip	Manager Name Street Address		Zip	
Donna Robinso Street Address 1151 Succotash City Narragansett	n Road State	Zip	Manager Name  Street Address  City		Ζip	
Donna Robinso Street Address 1151 Succotash Cuy Narragansett Manager Name	n Road State	Zip	Manager Name  Street Address  City  Manager Name		Zip Zip	
Donna Robinso Street Address 1151 Succotash Cuy Narragansett Manager Name Street Address City	n Road  State RI	Ζίρ 02879 Ζίρ	Manager Name  Street Address  City  Manager Name  Street Address	State		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

97994

File Date _	9-7-2010
Check No	1040
Ву:	mne
FC	OR 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.

Allen Holl

Stuart B. Robinson

September 2, 2010

Print or Type Name of Authorized Person