RALPHMORE	State of Rhode Island and Pro Office of the Secreta		<b>1S</b> Fee: \$50.
V MARK	Division Of Business	Services	
	148 W. River S		
U Contraction of	Providence RI 029		
640 650	(401) 222-304		
etary of St	(401) 222 30	10	
imited Liability Co	ompany		
Annual Report	A November 1		
iling Period: September	r i - November i		
	L. 7-16-66(d), each limited liability com		0
	in thirty (30) days after the time prescribe	ed by law (R.I.G.L.	
-16-66(D&C)) IS SUDJECT	to a penalty fee of \$25.00.		
ANNUAL REPORT YEA	<b>R</b> : <u>2010</u>		
1. ID No. <u>0001343</u>	<u>61</u>		
2. Exact Name of the	Limited Liability Company Waveleng	gth, LLC	
3. State of Formation			
State: <u>RI</u> 4. Brief Description of	the Character of the Business Which	is Actually Conducted	d in Rhode Island
4. Brief Description of BOAT OWNER		is Actually Conducted	d in Rhode Island
4. Brief Description of BOAT OWNER 5. Principal Office Add	dress	is Actually Conducted	d in Rhode Island
4. Brief Description of         BOAT OWNER         5. Principal Office Add         No. and Street:       2	dress 08 ARGILLA ROAD		
4. Brief Description of         BOAT OWNER         5. Principal Office Add         No. and Street:       2	dress		d in Rhode Island Country: <u>USA</u>
4. Brief Description of         BOAT OWNER         5. Principal Office Add         No. and Street:       2         City or Town:       1         6. Mailing Address of	dress 08 ARGILLA ROAD	<u>MA</u> Zip: <u>01938</u>	Country: <u>USA</u>
4. Brief Description of         BOAT OWNER         5. Principal Office Add         No. and Street:       2         City or Town:       1         6. Mailing Address of         Contact Name:       Contact         No. and Street:       47	dress          08 ARGILLA ROAD         PSWICH       State: Mailed         Limited Liability Company and Name         ct Title:         / LONG WHARF MALL	MA Zip: <u>01938</u> e or Title of Contact Pe	Country: <u>USA</u> rson:
4. Brief Description of         BOAT OWNER         5. Principal Office Add         No. and Street:       2         City or Town:       11         6. Mailing Address of         Contact Name:       Contact         No. and Street:       47	dress          08 ARGILLA ROAD         PSWICH       State: Mailed         Limited Liability Company and Name         ct Title:         / LONG WHARF MALL	<u>MA</u> Zip: <u>01938</u>	Country: <u>USA</u>
4. Brief Description of         BOAT OWNER         5. Principal Office Add         No. and Street:       2         City or Town:       11         6. Mailing Address of         Contact Name:       Contact         No. and Street:       47         City or Town:       N	dress         08 ARGILLA ROAD         PSWICH       State: <u>N</u> Limited Liability Company and Name         ct Title:         7 LONG WHARF MALL         EWPORT       State         of Each Manager of the Limited Liability	<u>MA</u> Zip: <u>01938</u> e or Title of Contact Pe ite: <u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u> r <b>son:</b> Country: <u>USA</u>
4. Brief Description of         BOAT OWNER         5. Principal Office Add         No. and Street:       2         City or Town:       11         6. Mailing Address of         Contact Name:       Contact         No. and Street:       47         City or Town:       N         7. Name and Address	dress         08 ARGILLA ROAD         PSWICH       State: <u>N</u> Limited Liability Company and Name         ct Title:         7 LONG WHARF MALL         EWPORT       State         of Each Manager of the Limited Liability	<u>MA</u> Zip: <u>01938</u> e or Title of Contact Pe ite: <u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u> rson: Country: <u>USA</u> icable.
4. Brief Description of         BOAT OWNER         5. Principal Office Add         5. Principal Office Add         No. and Street:       2         City or Town:       11         6. Mailing Address of         Contact Name:       Contact         No. and Street:       47         City or Town:       N         Address       0         7. Name and Address         DO NOT LIST MEME	dress         08 ARGILLA ROAD         PSWICH       State: <u>N</u> Limited Liability Company and Name         ct Title:         7 LONG WHARF MALL         EWPORT       State         of Each Manager of the Limited Liab         BERS	MA Zip: <u>01938</u> e or Title of Contact Pe ate: <u>RI</u> Zip: <u>02840</u> sility Company, if Appl	Country: <u>USA</u> rson: Country: <u>USA</u> icable.
4. Brief Description of         BOAT OWNER         5. Principal Office Add         No. and Street:       2         City or Town:       11         6. Mailing Address of         Contact Name:       Contact         No. and Street:       47         City or Town:       N         7. Name and Address         DO NOT LIST MEME	dress         08 ARGILLA ROAD         PSWICH       State: <u>N</u> Limited Liability Company and Name         ct Title:         7 LONG WHARF MALL         EWPORT       State         of Each Manager of the Limited Liab         BERS         Individual Name	MA       Zip: 01938         e or Title of Contact Pe         ate: RI       Zip: 02840         sility Company, if Appl         Addr	Country: <u>USA</u> rson: Country: <u>USA</u> icable.
4. Brief Description of         BOAT OWNER         5. Principal Office Add         5. Principal Office Add         No. and Street:       2         City or Town:       11         6. Mailing Address of         Contact Name:       Contact         No. and Street:       47         City or Town:       Name         7. Name and Address         DO NOT LIST MEME         Title         8. RESIDENT AGENT II	dress         08 ARGILLA ROAD         PSWICH       State: <u>N</u> Limited Liability Company and Name         ct Title:         7 LONG WHARF MALL         EWPORT       State         of Each Manager of the Limited Liab         BERS         Individual Name	MA       Zip: 01938         e or Title of Contact Pe         ate: RI       Zip: 02840         sility Company, if Appl         Addr	Country: <u>USA</u> rson: Country: <u>USA</u> icable.

## Signed this 4 Day of October, 2010 at 9:37:36 AM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

## By <u>RONALD P. O'HANLEY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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