

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

1. ID No. 108226		smouth Marine Co LLC				
3. State of Formation 4. Brief description of the character of the but Pesigning, building and importing the character of the but Pesigning, building and importing the character of the but Pesigning, building and import			isiness which is actually conducted in Rhode Island ing boats			
5. Principal office address One Maritime Drive			Portsmouth	State RI	<i>Ζιρ</i> <b>02871</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name  Frederick E Hood			D NAME OR TITLE OF CONTACT PERSON:  Contact Title  President			
Oner Maritime Drive			City Portsmouth	State RI	<i>Ζψ</i> <b>02871</b>	
	ODRESS OF EACH MAN FILL IN	AGER OF THE LIMITEI SPACES BEFORE USIN	D LIABILITY COMPANY, IF AP G ATTACHMENTS ("X" BOX	PLICABLE - DO NOT	<u>LIST MEMBERS</u>	
Manager Name Frederick E Hood			Manager Name Susan B Hood			
Street Address 231 Homestead Lane			Street Address 231 Homestead Lane			
City Portsmouth	State RI	<i>Ζψ</i> <b>02871</b>	City Portsmouth	State RI	Zip	
Manager Name			Manager Name   RI   02871			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	I ENT IN RHODE ISLAND currently of record in the	Office of the Sagratory of	f State. Changes require filing of	]		

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

108226

F31 - 15	FILED
File Date Check No.	JUN 2 7 2011
By:	2585
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.

Signalure of Authorized Person

Print or Type Name of Authorized Person

Frederick E Hood