

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 (be/ct)) is subject to a penalty fee of \$25.00.

I. ID No.	2. Exact name of the li	to a pennity fee of \$25.00. Let name of the limited liability company				
000148870	Carr's Marine &	Truck Service LLC				
3. State of Formation	4. Brief descr Auto repa	4. Brief description of the character of the business which is actually conducted in Rhode Island Auto repair & boat repair				
5. Principal office address 707 Point Judith Road			<i>сиу</i> Narragansett	State RI	Zip	
	SS OF LIMITED LIA	ABILITY COMPANY AND	O NAME OR TITLE OF CONTAC	r person:	02882	
Paul J Carr Jr			Managing partner/owner			
Street Address 707 Point Judith Road			СЩ Narragansett	State RI	<i>Σφ</i> 02882	
7. NAME AND ADDI	RESS OF EACH MAI	NAGER OF THE LIMITEI	: D LIABILITY COMPANY, IF APPLIES ATTACHMENTS (YY BOY F)	l PLICABLE - DO NOT	THET MEMORES	
	FILL II	N SPACES BEFORE USIN	IG ATTACHMENTS ("X" BOX F	OR ATTACHMENT)	LIST MEMBERS	
Manager Name Paul J Carr Jr			Manager Name			
Street Address 707 Point Judith Road			Street Address			
Сир	State	Zip	Z70.			
Narragansett	RI	02882	CH ₃ ·	State	Zip	
Manager Name			Manager Name			
Street Address						
			Street Address			
City	State	Zip	СИу	State	Zip	
8. RESIDENT AGENT	IN RHODE ISLANI)	•	Ī	<u>~</u>	
This information is cur	rently of record in the	Office of the Secretary of	State. Changes require filing of F	form 642 - P. I.C. I. 7 to	721 OF TO TO	
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

000148870

File Date	FILED	m
Check No.	OCT 0.7 2011	
By:	~153867	12:0/
BY _{R SI}	CRETARY OF STATE USE OF	ll-Y

Under penalty of perjury, I de including any accompanying	clare and affirm that I	have examined this report.
contained herein are true and	correct.	rins, and that an statements
14		iche la
Signature of Authorized Person	Date	1.0
Print or Type Name of Authoriz	ed Person	, Y