

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 | mited liability company | | | | |
|--|-----------------------------|--|--|----------------------------|-------------------------------------|--|
| 000148870 | Carr's Marine & | Truck Service LLC | | | | |
| 3. State of Formation | 4. Brief descr Auto repa | 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 | |
| | | | | ona 042 - R.I.O.L. /-10 | 5-11 <u>O O O</u> | |
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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 |
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| Check No. | OCT 0.7 2011 | |
| By: | ~153867 | 12:0/ |
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| Under penalty of perjury, I decincluding any accompanying s | clare and affirm that | have examined this report, |
|---|-----------------------|------------------------------|
| contained herein are true and o | correct. | ems, and that all statements |
| (4) | | iche la |
| Signature of Authorized Person | Date | 1 |
| Print or Type Name of Authorize | ed Person | ~ |