

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 2008

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 (bere)) is subject to a nepalty fee of \$25,00

7. 11) No. <b>000148870</b>	·	t name of the limited liability company s Marine & Truck Service LLC				
3. State of Formation  A. Brief description of the character of the busin  Auto repair & boat repair			iness which is actually conducted in Rhode Island			
5. Principal office address 707 Point Judith Road			City Narragansett	State RI	7.ip 02882	
5. MAILING ADD Contact Name Paul J Carr Jr	RESS OF LIMITED LIAI	BILITY COMPANY AND	NAME OR TITLE OF CONTACT  Contact Title  Managing partner/ov		·	
Street Address 707 Point Judith Road			City Narragansett	State RI	<i>Ζψ</i> 02882	
7. NAME AND AI		AGER OF THE LIMITED SPACES BEFORE USIN	LIABILITY COMPANY, IF API G ATTACHMENTS ("X" BOX F	PLICABLE - <u>DO NOT</u> OR ATTACHMENT)	<u>r list members</u>	
Manager Name Paul J Carr Jr			Manager Name			
Street Address 107 Point Judith	ı Road	TT ( TT ) TT   TT   TT   TT   TT   TT	Street Address			
City Narragansett	State RI	Ζip 02882	City	State	Zip	
Manager Name		***************************************	Manager Name	***************************************	·····	
Street Address			Street Address			
Сііу	State	Zip	City	State	Zip	
	ENT IN RHODE ISLAND		•	 		
This information is	currently of record in the	Office of the Secretary of	f State. Changes require filing of I	Form 642 - R.I.G.L. 7-1	h-11	

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

000148870

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OCT 0.7 2011  Check No.
By: BY 153867 12:01
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

Signature of Authorized Person

Print or Type Name of Authorized Person

contained herein are true and correct.

Form 632 Rev. 08/08