



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 2011

**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.<br>162301                                                                                                                                                                                           |             | 2. Exact name of the limited liability company<br>RELLA MARINE, LLC                                                  |                       |              |     |
| 3. State of Formation<br>RHODE ISLAND                                                                                                                                                                         |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>MARITIME TRADES |                       |              |     |
| 5. Principal office address<br>3852 MAIN ROAD                                                                                                                                                                 |             | City<br>TIVERTON                                                                                                     | State<br>RHODE ISLAND | Zip<br>02878 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |             |                                                                                                                      |                       |              |     |
| Contact Name<br>RICHARD S. HUMPHREY                                                                                                                                                                           |             | Contact Title<br>ATTORNEY                                                                                            |                       |              |     |
| Street Address<br>3852 MAIN ROAD                                                                                                                                                                              |             | City<br>TIVERTON                                                                                                     | State<br>RI           | Zip<br>02878 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |                                                                                                                      |                       |              |     |
| Manager Name<br>FRANK J. RELLA                                                                                                                                                                                |             | Manager Name                                                                                                         |                       |              |     |
| Street Address<br>200 EAST 57TH STREET, APT. 20K                                                                                                                                                              |             | Street Address                                                                                                       |                       |              |     |
| City<br>NEW YORK                                                                                                                                                                                              | State<br>NY | Zip<br>10022                                                                                                         | City                  | State        | Zip |
| Manager Name                                                                                                                                                                                                  |             | Manager Name                                                                                                         |                       |              |     |
| Street Address                                                                                                                                                                                                |             | Street Address                                                                                                       |                       |              |     |
| City                                                                                                                                                                                                          | State       | Zip                                                                                                                  | City                  | State        | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11                                   |             |                                                                                                                      |                       |              |     |

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

162301

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | OCT 28 2011 |
| Check No.                       | 1044        |
| By: <b>BY</b>                   |             |
| 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.

  
Signature of Authorized Person  
Date 10/26/11  
DAVID M. BOHANNON, ITS ATTORNEY  
Print or Type Name of Authorized Person