

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. 108225		ct name of the limited liability company smouth Holding Co LLC				
3. State of Formation Rhode Island	State of Formation  A. Brief description of the character of the Managing entity of Portsmou		nusiness which is actually conducted in Rhode Island In Management LLC and Ted Hood Yachts LLC			
5. Principal office address One Maritime Drive			City Portsmouth	State RI	<i>Zip</i> 02871	
6. MAILING ADD Contact Name Frederick E Hoo		ABILITY COMPANY ANI	O NAME OR TITLE OF CONTAC Contact Title President	CT PERSON:	•	
Street Address One Maritime Drive			City Portsmouth	State RI	Ζφ 02871	
7. NAME AND AD	DRESS OF EACH MA	NAGER OF THE LIMITE IN SPACES BEFORE USI	: D LIABILITY COMPANY, IF AP NG ATTACHMENTS ("X" BOX :	I PLICABLE - <u>DO NO'</u> FOR ATTACHMENT)		
Manager Name Frederick E Hoo	d		Manager Name	· · · · · · · · · · · · · · · · · · ·		
Street Address 231 Homestead	Lane		Street Address			
City	State	Ζip	City	State	Zip	
Portsmouth	RI	02871	•			
Manager Name		***************************************	Manager Name		······································	
Street Address			Street Address	Street Address		
City	Stale	Zip	City	State	Zip	
8. RESIDENT AGE	I ENT IN RHODE ISLAN	l RD	<u>:</u>	ı	1	
This information is	currently of record in t	he Office of the Secretary	of State. Changes require filing of	E 642 DICI 7.1		

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

108225

	FILED	-
File Date		<u>-</u>
Check No.	OCT 3 1 2011	
R. <b>SY</b>	1519	
PO	OR 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 statemen
contained herein are true and correct.

Signature of Authorized Person

De

Frederick E Hood

Print or Type Name of Authorized Person