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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.	2. Exact name of the limited liability company
103743	WATERCRUISES OF RHODE ISLAND, LLC

3. State of formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	WATER TRANSPORTATION

5. Principal office address	City	State	Zip
175 Main Street	Pawtucket	RI	02860

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Robert D. Billington	Manager

Street Address	City	State	Zip
175 Main Street	Pawtucket	RI	02860

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Robert D. Billington	Peter Conway
Street Address	Street Address
175 Main Street	10 Nate Whipple Highway
City / State / Zip	City / State / Zip
Pawtucket / RI / 02860	Cumberland / RI / 02864
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND
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).

[redacted] 103743 [redacted]

FILED
File Date _____
Check No. OCT 3 1 2011
By: BY 1549
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.

[redacted] 10/12/11
Signature of Authorized Person *Date*

[redacted] DAVID W. BALFOUR
CHAIR, BOARD OF DIRECTORS
Print or Type Name of Authorized Person

69128-108-694930

Form 632 Rev. 08/08