



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)(6)) is subject to a penalty fee of \$25.00.

1. ID No. 559956		2. Exact name of the limited liability company SYL-TEN ASSETS LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island marine services	
5. Principal office address 397 BRIDGE STREET		City BROOKLYN	State NY
		Zip 11201	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name		Contact Title	
Street Address		City	State
		Zip	
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) <input type="checkbox"/>			
Manager Name AARON STEINBERG		Manager Name	
Street Address 397 BRIDGE STREET		Street Address	
City BROOKLYN	State NY	Zip 11201	City
			State
			Zip
Manager Name DAVID STEINBERG		Manager Name	
Street Address 397 BRIDGE STREET		Street Address	
City BROOKLYN	State NY	Zip 11201	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).

FILED

File Date
NOV 16 2011
Check No.
9802814715
By: **BY**
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
AARON STEINBERG
Date
10/11/2011
Print or Type Name of Authorized Person