RALPH MOIL	State of Rhode Island and Office of the Sec	
v 200	Division Of Bu	siness Services
	148 W. Ri	
	Providence R	I 02904-2615
cretary of Ste	(401) 22	2-3040
imited Liability Cou Innual Report	mpany	
iling Period: September	1 - November 1	
le its annual report within	L. 7-16-66(d), each limited liability n thirty (30) days after the time pre o a penalty fee of \$25.00.	
ANNUAL REPORT YEAF		
I. ID No. <u>00053199</u>	<u>01</u>	
2. Exact Name of the I	_imited Liability Company <u>SEA</u>	ISLAND RHODE ISLAND, LLC
3. State of Formation		
State: <u>RI</u>		
Retail		
5. Principal Office Add	ress	
No. and Street: 236-250	O GREENPOINT AVE., BLDO	<u>3 6, 2ND</u>
FLOOP	=	
City or Town: <u>BROO</u>	<u>KLYN</u>	State: <u>NY</u> Zip: <u>11222</u> Country: <u>US</u>
ን. Mailing Address of L	imited Liability Company and	Name or Title of Contact Person:
	EN MELVIN Contact Title: CON	ITROLLER
	-250 GREENPOINT AVE.	
BLI	DG 6, 2ND FLOOR DOKLYN	State: \underline{NY} Zip: $\underline{11222}$ Country: \underline{USA}
BLI City or Town: <u>BR(</u>	DOKLYN of Each Manager of the Limited	State: <u>NY</u> Zip: <u>11222</u> Country: <u>USA</u> I Liability Company, if Applicable.
BLI City or Town: BRO 7. Name and Address of	DOKLYN of Each Manager of the Limited	
BLI City or Town: BRO 7. Name and Address of DO NOT LIST MEMBING	DOKLYN of Each Manager of the Limited ERS	Liability Company, if Applicable.
BLI City or Town: BRO 7. Name and Address of DO NOT LIST MEMBING	DOKLYN of Each Manager of the Limited ERS Individual Name	Address

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 15 Day of December, 2011 at 3:28:03 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MEGHAN SLOAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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