



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

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|---|--------------------|---|----------------------------|---------------------|---------------------|
| 1. Entity ID No. 141572 | | 2. Exact name of the limited liability company SHELTER COVE MARINA, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of business conducted in Rhode Island OPERATING A COMMERCIAL MARINA | | | |
| 5. Principal office address 523 CHARLESTOWN BEACH ROAD | | City CHARLESTOWN | State RI | Zip 02813 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name JEFFREY GARDNER | | Contact Title MEMBER | | | |
| Street Address BOX 85, 523 CHARLESTOWN BEACH ROAD | | City CHARLESTOWN | State RI | Zip 02813 | |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name JEFFREY GARDNER | | Manager Name JAMES MARSH | | | |
| Street Address BOX 85, 523 CHARLESTOWN BEACH ROAD | | Street Address BOX 85, 523 CHARLESTOWN BEACH ROAD | | | |
| City CHARLESTOWN | State RI | Zip 02813 | City CHARLESTOWN | State RI | Zip 02813 |
| Manager Name RICHARD LAVIGNE | | Manager Name BRUCE GARDNER | | | |
| Street Address BOX 85, 523 CHARLESTOWN BEACH ROAD | | Street Address BOX 85 | | | |
| City CHARLESTOWN | State RI | Zip 02813 | City CHARLESTOWN | State RI | Zip 02813 |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | | | |

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

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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] 8/20/12
 Signature of Authorized Person Date

JEFFREY GARDNER **BRUCE GARDNER**
 Print or Type Name of Authorized Person **860 428 0188**