



**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.

1. Entity ID No. <b>141572</b>		2. Exact name of the limited liability company <b>SHELTER COVE MARINA, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>OPERATING A COMMERCIAL MARINA</b>			
5. Principal office address <b>523 CHARLESTOWN BEACH ROAD</b>		City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>JEFFREY GARDNER</b>		Contact Title <b>MEMBER</b>			
Street Address <b>BOX 85, 523 CHARLESTOWN BEACH ROAD</b>		City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	
<b>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"/></b>					
Manager Name <b>JEFFREY GARDNER</b>		Manager Name <b>JAMES MARSH</b>			
Street Address <b>BOX 85, 523 CHARLESTOWN BEACH ROAD</b>		Street Address <b>BOX 85, 523 CHARLESTOWN BEACH ROAD</b>			
City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>
Manager Name <b>RICHARD LAVIGNE</b>		Manager Name <b>BRUCE GARDNER</b>			
Street Address <b>BOX 85, 523 CHARLESTOWN BEACH ROAD</b>		Street Address <b>BOX 85</b>			
City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
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**

**FILED**

**AUG 22 2012**  
**1432**

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: *[Signature]* Date: **8/20/12**  
 Print or Type Name of Authorized Person: **JEFFREY GARDNER** **BRUCE GARDNER**  
**860 428 0188**