

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401-222-3040

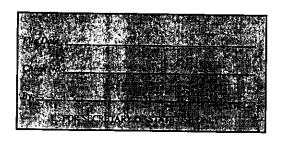
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

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.

000486547		BOAT SERVICES, LLC						
3. State of Formation RHOSE ISLAND 4. Brief description of the character of the business who				ich is actually conducted in Rhode Islan.	d			
5. Principal office address 35 NAUGHTON AVENUE				City WARWICK	State RI	<i>Zip</i> 02886		
6: MALLIST ADDRESS OF TMUTED HABILITY COMPANY AND SHEET CONTACT Name GENE W. MESSIER				Contact Title				
Street Address 35 NAUGHTON AVENUE				City WARWICK	State RI	^{Z4p} 9 288 6		
7. NAME AND ADDRESS OF EACH MANAGEMENT FACTOR SPICES SERVICE USING ATTAINS NAME OF THE COMPANY O				Nethina vertito (1975/1987) :	Megneriera Megneriera	SISS PRESENCE CONTRACTOR		
manager rume				Manager Name				
Street Address				Street Address				
City	St	ate	Zip	City	State	Zip		
Manager Name				Manager Name				
Street Address				Street Address				
City	St	ale ,	Zip	City	State	Zip		
B. RESIDENI AGENTALE PHODE 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								
F	ILED					2012 AUG		
AUG 2 8 2012						23	12	
BY_177737								
This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).						£	7.	
000406547								

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Under penalty of perjury, I declare and affirm that I have examined this report, including any decompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

GENEW. MESSIER

Print or Type Name of Authorized Person

Date

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