

## 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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

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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216976					
3. State of Formation	4. Brief desc	cription of the characte	r of business conducted in Rhod	e Island	
Rhode Island	Marine P				
5. Principal office address PO Box 178, 31 Alpine Way			City Slatersville	State RI	Zip <b>02876</b>
6. MAILING ADDRESS O	F LIMITED LIABILIT	TY COMPANY AND N	AME OR TITLE OF CONTACT P	ERSON:	
Contact Name Willett Richter			Contact Title President		
Street Address PO Box 178, 31 Alpine Way			City Slatersville	State <b>RI</b>	Zip <b>02876</b>
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7. LIST ALL MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADD HMENT) □	PRESSES) OF THE LI	MITED LIABILITY COMPANY, II	F APPLICABLE - <u>DO</u>	ing Participation of the Company of the Company
("X" BOX FOR ATTAC	6 (NAMES AND ADE HMENT) 🗌	PRESSES) OF THE LI	MITED LIABILITY COMPANY, II  Manager Name	F APPLICABLE - <u>Do</u>	No. 200
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File Date Check No

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.

Date

08/27/2012

Willett Richter

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012