



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.<br><b>684456</b>                                                                                                                                  |                    | 2. Exact name of the limited liability company<br><b>EXCALIBUR FISHERIES, LLC</b>                                |      |                    |                     |
| 3. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                       |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>COMMERICAL FISHING VESSELL</b> |      |                    |                     |
| 5. Principal office address<br><b>45 STATE STREET - PO BOX 3175</b>                                                                                                |                    | City<br><b>NARRAGANSETT</b>                                                                                      |      | State<br><b>RI</b> | Zip<br><b>02882</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                               |                    |                                                                                                                  |      |                    |                     |
| Contact Name<br><b>NOAH G. CLARK</b>                                                                                                                               |                    | Contact Title<br><b>MANAGER</b>                                                                                  |      |                    |                     |
| Street Address<br><b>45 STATE STREET - PO BOX 3175</b>                                                                                                             |                    | City<br><b>NARRAGANSETT</b>                                                                                      |      | State<br><b>RI</b> | Zip<br><b>02882</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"/> |                    |                                                                                                                  |      |                    |                     |
| Manager Name<br><b>NOAH G. CLARK</b>                                                                                                                               |                    | Manager Name                                                                                                     |      |                    |                     |
| Street Address<br><b>45 STATE STREET - PO BOX 3175</b>                                                                                                             |                    | Street Address                                                                                                   |      |                    |                     |
| City<br><b>NARRAGANSETT</b>                                                                                                                                        | State<br><b>RI</b> | Zip<br><b>02882</b>                                                                                              | City | State              | Zip                 |
| Manager Name                                                                                                                                                       |                    | Manager Name                                                                                                     |      |                    |                     |
| Street Address                                                                                                                                                     |                    | Street Address                                                                                                   |      |                    |                     |
| City                                                                                                                                                               | State              | Zip                                                                                                              | City | State              | Zip                 |
| 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.                                                  |                    |                                                                                                                  |      |                    |                     |

**FILED**

SEP 06 2012

By *[Signature]*  
*CH #001603*

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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.

Signature of Authorized Person

**NOAH G. CLARK**

Print or Type Name of Authorized Person

Date

*27 Aug 2012*