

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 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. 115940 | 2. Exact name of the limited liability company Marine Development, LLC. | | | | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------|------------------------|---------------------|
| 3. State of Formation | Brief description of the character of business conducted in Rhode Island To give a protect and lease rate it estate. | | | | |
| RI | To own, operate and lease retail estate | | | | |
| 5. Principal office address 46 Aborn Street 4th Floor | | | City Providence | State RI | Zip 02903 |
| 6. MAILING ADDRESS OF | LIMITED LIABILIT | Y COMPANY AND | NAME OR TITLE OF CONTACT P | ERSON: | |
| Contact Name Kimberly Haskins | | | Contact Title Controller | | |
| Street Address 46 Aborn Street 4th Floor | | | City Providence | State RI | Zip 02903 |
| 7. LIST ALL MANAGERS ("X" BOX FOR ATTACH | (NAMES AND ADD IMENT) [] | RESSES) OF THE | LIMITED LIABILITY COMPANY, II | APPLICABLE - <u>DO</u> | NOT LIST MEMBERS |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| Cíty | State | Zip | City | State | Zip |
| 8 RESIDENT AGENT IN F | | | | | |
| This information is curre | ntly of record in th | e Office of the Sec | retary of State. Changes require | filing Form 642. | |

FILED

SEP 20 2012

File Date
Check No

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 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

09/01/2012

Date

Arnold B/ Chace

Print or Type Name of Authorized Person