	State of Rhode Island and P Office of the Secre			Fee: \$5
V Providence in	Division Of Busine	ess Services		
	148 W. River	Street		
	Providence RI 02	2904-2615		
etary of Sto	(401) 222-3	3040		
imited Liability Compa Innual Report	any			
iling Period: September 1 - N	lovember 1			
	16-66(d), each limited liability company days after the time prescribed by law ( 5.00.			
ANNUAL REPORT YEAR: 20	<u>)12</u>			
1. ID No. <u>000127895</u>				
2. Exact Name of the Limit	ted Liability Company <u>Old Warren N</u>	Marina, LLC		
3. State of Formation				
State: <u>RI</u>				
	Character of the Business Which is A	Actually Cond	ducted in Rhode	sland
4. Brief Description of the 0		·		
4. Brief Description of the O	Character of the Business Which is A	·		
4. Brief Description of the C DEVELOPMENT AND O 5. Principal Office Address	PERATION OF MARINA AND A	·		
4. Brief Description of the C DEVELOPMENT AND O 5. Principal Office Address No. and Street: <u>ONE</u>	PERATION OF MARINA AND A	SSOCIATEI	D BUSINESSES	<u>S</u>
4. Brief Description of the C DEVELOPMENT AND O 5. Principal Office Address No. and Street: <u>ONE</u>	PERATION OF MARINA AND A	·		
4. Brief Description of the O     DEVELOPMENT AND O     5. Principal Office Address No. and Street: ONE     City or Town: WAR	PERATION OF MARINA AND A	SSOCIATEI	D BUSINESSES Zip: <u>02885</u>	<u>S</u>
4. Brief Description of the C DEVELOPMENT AND O 5. Principal Office Address No. and Street: <u>ONE</u> City or Town: <u>WAR</u> 6. Mailing Address of Limit	PERATION OF MARINA AND A COMMERCIAL WAY RREN red Liability Company and Name or	SSOCIATEI	D BUSINESSES Zip: <u>02885</u>	<u>S</u>
4. Brief Description of the O     DEVELOPMENT AND O     5. Principal Office Address No. and Street: ONE     City or Town: WAR     6. Mailing Address of Limit Contact Name: ANGELO PI	PERATION OF MARINA AND A COMMERCIAL WAY RREN	State: <u>RI</u>	<u>D BUSINESSES</u> Zip: <u>02885</u> act Person:	<u>S</u>
4. Brief Description of the O     DEVELOPMENT AND O     5. Principal Office Address No. and Street: ONE     City or Town: WAR     6. Mailing Address of Limit Contact Name: ANGELO PI	PERATION OF MARINA AND A COMMERCIAL WAY REN red Liability Company and Name or RRI Contact Title: MANAGER	State: <u>RI</u>	<u>D BUSINESSES</u> Zip: <u>02885</u> act Person:	<u>S</u>
4. Brief Description of the C     DEVELOPMENT AND O     DEVELOPMENT AND O     S. Principal Office Address     No. and Street: ONE     City or Town: WAR     Contact Name: ANGELO PI     No. and Street: ONE COM     City or Town: WARREN	PERATION OF MARINA AND A <u>COMMERCIAL WAY</u> REN red Liability Company and Name or <u>RRI</u> Contact Title: <u>MANAGER</u> <u>MERCIAL WAY C/O TONY'S SE</u> ach Manager of the Limited Liability	State: <u>RI</u> Title of Conta	2 BUSINESSES Zip: <u>02885</u> act Person: I <u>C.</u> State: <u>RI</u> Zip	S Country: <u>USA</u>
4. Brief Description of the C DEVELOPMENT AND O 5. Principal Office Address No. and Street: ONE City or Town: WAR 6. Mailing Address of Limit Contact Name: ANGELO PI No. and Street: ONE COM City or Town: WARREN City or Town: WARREN City or Town: ONE COM	PERATION OF MARINA AND A <u>COMMERCIAL WAY</u> REN red Liability Company and Name or <u>RRI</u> Contact Title: <u>MANAGER</u> <u>MERCIAL WAY C/O TONY'S SE</u> ach Manager of the Limited Liability	State: <u>RI</u> Title of Conta	2 BUSINESSES Zip: <u>02885</u> act Person: I <u>C.</u> State: <u>RI</u> Zip	5 Country: <u>USA</u> p: <u>02885</u> Country: <u>U</u>
A. Brief Description of the C     DEVELOPMENT AND O     DEVEL	PERATION OF MARINA AND A         COMMERCIAL WAY         REN         red Liability Company and Name or         RRI Contact Title:       MANAGER         MERCIAL WAY C/O TONY'S SE         ach Manager of the Limited Liability	State: <u>RI</u> Title of Conta EAFOOD, IN	D BUSINESSES Zip: <u>02885</u> act Person: [ <u>C.</u> State: <u>RI</u> Zip f Applicable. Addre	<u>S</u> Country: <u>USA</u> p: <u>02885</u> Country: <u>U</u>
A. Brief Description of the C     DEVELOPMENT AND O     DEVEL	PERATION OF MARINA AND A COMMERCIAL WAY REN ed Liability Company and Name or RRI Contact Title: MANAGER MERCIAL WAY C/O TONY'S SE ach Manager of the Limited Liability Individual Name	State: <u>RI</u> Title of Conta EAFOOD, IN	D BUSINESSES Zip: <u>02885</u> act Person: [ <u>C.</u> State: <u>RI</u> Zip f Applicable. Addre	Country: <u>USA</u> co: <u>02885</u> Country: <u>U</u> co: <u>02885</u> Country: <u>U</u> co: <u>02885</u> Country: <u>U</u> co: <u>02885</u> Country: <u>U</u> co: <u>02885</u> Country: <u>U</u>

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

## ANGELO PIRRI TONY'S SEAFOOD, INC. 1 COMMERCIAL WAY WARREN, RI 02885-

## 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 26 Day of September, 2012 at 1:23:28 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>CLINTON L. POOLE, ESQ.</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2012 State of Rhode Island and Providence Plantations All Rights Reserved