

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.

507510	2. Exact nar Ocean C	2. Exact name of the limited liability company Ocean Creative, LLC				
3. State of Formation	4. Brief desc	cription of the charac	ter of business conducted in Rhode	e Island	***************************************	
Rhode Island			events and production of c		unications	
5. Principal office address 58 Narragansett Road			City Portsmouth	State RI	Zip 02871	
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:	Mark the same	
Contact Name Kathy O'Connell			Contact Title Member			
Street Address 58 Narrgansett Road			City Portsmouth	State RI	Zip 02871	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBER	
		A Control of the Cont				
Manager Name None	mania and the same		Manager Name			
None			Manager Name Street Address			
None Street Address	State	Zip		State	Zip	
None Street Address City	State	Zip	Street Address	State	Zip	
None Street Address City Manager Name	State	Zip	Street Address City	State	Zip	
None Street Address City Manager Name Street Address	State	Zip	Street Address City Manager Name	State	Zip Zip	
Manager Name None Street Address City Manager Name Street Address City	State		Street Address City Manager Name Street Address	State		

FILED

NOV 07 2012

By MMC

CR # 504

File Date

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

Date

Kathy O'Connell, Member

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012