



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. 156757		2. Exact name of the limited liability company Varuna, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island PURCHASE AND OPERATION OF SAILING AND POWER VESSELS OF ALL KINDS			
5. Principal office address 38 BELLEVUE AVENUE, SUITE H		City NEWPORT		State RI	Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name J. CRAIG VENTER		Contact Title MEMBER			
Street Address 7510 HILLSIDE DRIVE		City LA JOLLA		State CA	Zip 92037
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		Manager Name			
Street Address		Street Address			
City	State	Zip	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.					

File Date **FILED** *h*

Check No. _____

By: **NOV 15 2012**

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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.

Steven M. McInnis *11/1/12*
Signature of Authorized Person Date

STEVEN M. MCINNIS

Print or Type Name of Authorized Person