



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.

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|--|-------|---|------|--------------------|---------------------|
| 1. Entity ID No. 145725 | | 2. Exact name of the limited liability company APTERYX, LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island Marine and Yacht Services | | | |
| 5. Principal office address 65 Bailey Avenue | | City Middletown | | State RI | Zip 02842 |
| Contact Name Thomas B. Rowe | | Contact Title | | | |
| Street Address 65 Bailey Avenue | | City Middletown | | State RI | Zip 02842 |
| 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 |

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED

NOV 20 2012

By *[Signature]*
CH # 196

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]
Signature of Authorized Person

11/13/12
Date

THOMAS B. ROWE
Print or Type Name of Authorized Person