



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. 136647		2. Exact name of the limited liability company HARBOR SUPPLY, L.L.C.			
3. State of Formation R.I.		4. Brief description of the character of business conducted in Rhode Island MARINE PARTS AND SERVICES			
5. Principal office address 625 THAMES STREET		City NEWPORT	State R.I.	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MAURICE CUSICK			Contact Title ATTORNEY		
Street Address 625 THAMES STREET			City NEWPORT	State R.I.	Zip 02840
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name DAVID B. GALL			Manager Name		
Street Address 625 THAMES ST.			Street Address		
City NEWPORT	State RI	Zip 02840	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.					

FILED

DEC 05 2012

By *MMC*

ACA # 5808

PCR # 5812

File Date _____

Check No _____

By: _____

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.

Maurice Cusick

11/19/2012

Signature of Authorized Person

Date

MAURICE CUSICK

Print or Type Name of Authorized Person