

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. 559956		me of the limited liabilit N ASSETS LLC	ty company			
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
RI	marine s	marine services				
5. Principal office address 397 Bridge Street			City Brooklyn	State NY	Zip 11201	
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:	· · · · · · · · · · · · · · · · · · ·	
Contact Name AARON STEINBERG			MANAGER			
Street Address 391 BRIDGE ST.			BROOKLYI	NY	11-201	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Aaron Steinberg			Manager Name			
Street Address 397 Bridge Street		-	Street Address	u		
City Brooklyn	State NY	Zip 11201	City	State	Zip	
nanager Name David Steinberg			Manager Name			
Street Address 397 Bridge Street			Street Address			
City Brooklyn	State NY	Zip 11201	City	State	Zip	
B. RESIDENT AGENT IN F	HODE ISLAND		······································	<u> </u>		
This information is curre						

FILED

MAR 21 2013

File Date _______ 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.

Check No _______ Signature of Authorized Person _______ 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

Farm No. 522 Revised: 01/2012