



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		2. Exact name of the limited liability company SYL-TEN ASSETS LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island marine services			
5. Principal office address 397 Bridge Street		City Brooklyn	State NY	Zip 11201	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name AARON STEINBERG		Contact Title MANAGER			
Street Address 397 BRIDGE ST.		City BROOKLYN	State NY	Zip 11201	
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 Aaron Steinberg		Manager Name			
Street Address 397 Bridge Street		Street Address			
City Brooklyn	State NY	Zip 11201	City	State	Zip
Manager Name David Steinberg		Manager Name			
Street Address 397 Bridge Street		Street Address			
City Brooklyn	State NY	Zip 11201	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

MAR 21 2013

By *[Signature]*
 CA# 10540435820

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.

[Signature] 2.19.13
 Signature of Authorized Person Date

AARON STEINBERG
 Print or Type Name of Authorized Person