

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 2011

1. Entity ID No. 000130966	Exact name of the limited liability company Hunt Marine I, LLC				EP 19	
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island Marine Transporatation- Tugs and Barges				
5. Principal office address 40 Malbone Street			City Warwick	State RI	7ip (3) 02888	
6. MAILING ADDRESS OF LI	MITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
ontact Name Kevin M Hunt		Contact Title Manager				
Street Address 40 Malbone Street			City Warwick	State RI	Zip 02888	
40 Maibone Otrect			Waition		02000	
		PRESSES) OF THE	LIMITED LIABILITY COMPANY,			ERS
7. LIST ALL MANAGERS (NA		PRESSES) OF THE				BERS
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME		PRESSES) OF THE	LIMITED LIABILITY COMPANY,			EERS
7. LIST ALL MANAGERS (N. ("X" BOX FOR ATTACHME Manager Name Street Address		Zip	LIMITED LIABILITY COMPANY, Manager Name			ERS
7. LIST ALL MANAGERS (NA ("X" BOX FOR ATTACHME Manager Name Street Address	ENT) []		Manager Name Street Address	IF APPLICABLE - DQ	NOT LIST MEM	ERS
7. LIST <u>ALL</u> MANAGERS (N. ("X" BOX FOR ATTACHME Manager Name	ENT) []		LIMITED LIABILITY COMPANY, Manager Name Street Address City	IF APPLICABLE - DQ	NOT LIST MEM	BERS
7. LIST ALL MANAGERS (N. ("X" BOX FOR ATTACHME Manager Name Street Address City Manager Name	ENT) []		LIMITED LIABILITY COMPANY, Manager Name Street Address City Manager Name	IF APPLICABLE - DQ	NOT LIST MEM	BERS
7. LIST ALL MANAGERS (N. ("X" BOX FOR ATTACHME Manager Name Street Address City Manager Name Street Address	State State	Zip	LIMITED LIABILITY COMPANY, Manager Name Street Address City Manager Name Street Address	IF APPLICABLE - DO	Zip	BERS

File Date		this report, including any accompanying and that all statements contained he on a	schedules and statements
Check No	FII FD いろしゃ	Serie to This	
Bv:	<i>(. bi</i> .	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY	P 19 2013	Kevin M Hunt	
·	N(210	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012