

## 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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

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.

RI  MOBILE MARINE REPAIR  5. Principal office address 1012 TIOGUE AVENUE SUITE 34  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PER Contact Name RICHARD R. GAGNON  Street Address 15 FAIRMONT STREET  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF A ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  Street Address  Street Address	2. Exact name of the limited liability company OCEAN STATE MOBILE MARINE LLC			
1012 TIOGUE AVENUE SUITE 34  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PER COntact Name RICHARD R. GAGNON  Street Address 15 FAIRMONT STREET  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF A ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  Street Address  Street Address	Brief description of the character of business conducted in Rhode Island     MOBILE MARINE REPAIR			
Contact Name RICHARD R. GAGNON  Street Address 15 FAIRMONT STREET  City WEST WARWICK  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF A ("X" BOX FOR ATTACHMENT)  Manager Name  Manager Name  Street Address  Street Address	State RI	<sup>Zip</sup> <b>02816</b>		
RICHARD R. GAGNON  Street Address 15 FAIRMONT STREET  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF A ("X" BOX FOR ATTACHMENT)  Manager Name  Manager Name  Street Address  Street Address	SON:			
15 FAIRMONT STREET  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF A ("X" BOX FOR ATTACHMENT)  Manager Name  Manager Name  Street Address  Street Address	Contact Title			
("X" BOX FOR ATTACHMENT)  Manager Name  Manager Name  Street Address  Street Address	T WARWICK State RI Zip 02893			
Street Address Street Address	PPLICABLE - <b>DO</b>	NOT LIST MEMBERS		
Silber Address	Manager Name			
City State Zip City	Street Address			
	State	Zip		
Manager Name Manager Name	Manager Name			
Street Address 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 fill	ng Form 642.	· · · · · · · · · · · · · · · · · · ·		

File Date	FILED	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	SEP 3 0 2013	Styla CAM		
Ву:	SEP 3 0 2013	Streature of Authorized Person	Date	
FOR SECRETARY OF STATE USE O	1291	Kickard 11. E Renon Print or Type Name of Authorized Person	sept 27, 200	

Form No. 632 Revised: 01/2012