

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.

1. Entity ID No. 551469	2. Exact ne	2. Exact name of the limited liability company Mare Meum, LLC				
3. State of Formation	4. Brief des Property	Brief description of the character of business conducted in Rhode Island Property holding company				
5. Principal office address 2 Seaview Ave			City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF Contact Name Nancy Kaymar Staff		TY COMPANY AND	NAME OR TITLE OF CONTACT Contact Title Member	PERSON:		
Street Address 2 Seaview Ave			City Newport	State RJ	Zip 02840	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI MENT) []	DRESSES) OF THE	LIMITED LIABILITY COMPANY	F APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
R. RESIDENT AGENT IN RI						
nis information is current	try of record in the	Office of the Secr	etary of State. Changes require	e filling Form 642.		

FILED

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Flie Date BY/_/	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 gorrect.
Check No	The way and the state of the st
Ву:	Signature of Authorized Ferson Date
FOR SECRETARY OF STATE USE ONLY	Naury Kalyman Stort and
	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012