



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 **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. 100603		2. Exact name of the limited liability company BRECKENRIDGE MARITIME, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Maritime Trades			
5. Principal office address 3852 Main Road		City Tiverton	State RI	Zip 02878	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Richard S. Humphrey		Contact Title Attorney			
Street Address 3852 Main Road		City Tiverton	State RI	Zip 02878	
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 Elinor C. Watson		Manager Name			
Street Address P. O. Box 228		Street Address			
City Breckenridge	State CO	Zip 80424	City	State	Zip
Manager Name		Manager Name			
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 filing Form 642.					

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 OFFICE OF THE SECRETARY OF STATE
 DIVISION OF BUSINESS SERVICES

FILED

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By 49-211473

A. A.

File Date _____

Check No _____

By: _____

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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.

David M. Bohannon 11/21/2013
 Signature of Authorized Person Date

David M. Bohannon, Its attorney

Print or Type Name of Authorized Person