

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 _____2014

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.	2. Exact name of the limited liability company					
000109952	Old Sl	ip Marine,	LLC			
3. State of Formation						
RI	Owning of purpose:	-	ing a yacht an	d other co	orporate	
5. Principal office address			City	State	Zip	
39 Bellevue Avenue			Newport	RI	02840	
6. MAILING ADDRESS OF LIMIT	ED LIABILITY CO	MPANY AND NAME	OR TITLE OF CONTACT PER	RSON:		
Contact Name Arthur W. Murphy			Contact Title Attorney at Law			
Street Address 39 Bellevue Avenue			City Newport	State RI	^{Zip} 02840	
7. LIST <u>ALL</u> MANAGERS (NAMI ("X" BOX FOR ATTACHMENT	S AND ADDRES	SES) OF THE LIMITE	ED LIABILITY COMPANY, IF A	PPLICABLE - DO I	NOT LIST MEMBERS	
Manager Name			Manager Name			
John J. Dwyer						
Street Address 39 Bellevue Avenue			Street Address			
City Newport	State RI	Zip 02840	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.						

FILED

AUG 27 2014

BY \303

	Under penalty of perjury, I declare and affirm that I have examined		
File Date	this report, including any accompanying schedules and statements and that all statements contained herein are true and correct.		
Check No	dethus Menery Avry		
Ву:	Signature of Authorized Person / Date		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012