

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 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. 158943	i	2. Exact name of the limited liability company Marway, LLC												
3. State of Formation	4. Brief des	cription of the chara	cter of business conducted in Rho	rie Island										
RI	ŀ	& Selling Boats		oc island										
5. Principal office address 63 Tom Harvey Roa	ad		City Westerly	State RI	Zip 02891									
6. MAILING ADDRESS O	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	DEBEON	5									
Contact Name			Contact Title											
Street Address 63 Tom Harvey Roa			City Westerly	State RI	Zip 02891									
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACK	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS									
Manager Name			Manager Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Manager Name			Manager Name	Manager Name										
Street Address			Street Address											
			Off Cot Address											
City	State	Zip	City	State	Zip									
8. RESIDENT AGENT IN F	HODE ISLAND													
This information is curre	ntly of record in th	e Office of the Seci	retary of State. Changes require											
			our y or otate. Changes require	uling Form 642.										

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Form No. 632 Revised: 01/2012 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.

May Vony
Signature of Authorized Person

09/12/2014

Date

Mary Dooney

Print or Type Name of Authorized Person