

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.

3. State of Formation RHODE ISLAND 4. Brief description of the character of business conducted in Rhode Island RECREATIONAL BOATING 5. Principal office address 8 FREEBODY STREET 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name JAMES F. HYMAN Contact Title REGISTERED AGENT City NEWPORT RI Zip 02840 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip State Zip City State Zip State Zip City State Zip State Zip RI Zip Manager Name	1. Entity ID No.		2. Exact name of the limited liability company VIKING MARINE VENTURES, LLC				
RHODE ISLAND 5. Principal office address 8 FREEBODY STREET 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name JAMES F. HYMAN Street Address 8 FREEBODY STREET 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER ("X" BOX FOR ATTACHMENT) Manager Name Street Address Street Address City State Zip O2840 Zip O2840 City State Zip City State Zip Manager Name Street Address Street Address Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Street Address	509678	VIKING					
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8. RESIDENT AGENT IN RHODE ISLAND	Street Address		.	Street Address			
	City	State	Zip	City	State	Zip	
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This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is current	tly of record in th	e Office of the Sec	retary of State. Changes require	filing Form 642.		

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 havein are true and correct. File Date_ Check No _ Signature of Authorized Person GALE RNÉ FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Person

10/8/2014

Date

Form No. E32 Revised: 01/2012