

## 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.	2. Exact n	ame of the limited lia	ability company			
163502	PRECIS	SION PLASTICS	S, LLC			
3. State of Formation	4. Brief de	scription of the char:	acter of husiness conducted in Division			
RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island CONSTRUCTION, RENOVATION, REPAIR, PURCHASE & SALE OF BOATS & MARINE PRODUCTS					
5. Principal office address 448 PARK AVENUE			City PORTSMOUTH	State RI	Zip <b>02871</b>	
6. MAILING ADDRESS OF L	IMITED LIABIL	TY COMPANY AND	াস্ত্ৰামান ভাই নেতৃত্বলৈ তাই সেতৃত্বত্ব কৰিছেই	100	02871	
ERIC C. RAPOSA			Contact Title	Contact Title  MEMBER		
treet Address 448 PARK AVENUE			City PORTSMOUTH	State <b>RI</b>	Zip <b>02871</b>	
LIST ALL MANAGERS (N EXTEOX FOR ATTACHM	AMES AND ADI	DRESSES) OF THE	Militar and the managery have	ABBRE DO	NOTE LIST MEMBERS	
Manager Name N/A Street Address			Manager Name N/A			
			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name N/A			Manager Name N/A			
treet Address			Street Address	Street Address		
ity	State	Zip	City	State	Zip	
RESIDENT AGENT IN RHO	DE ISLAND					
is information is currently	of record in the	Office of the Secr	etary of State. Changes require filin			

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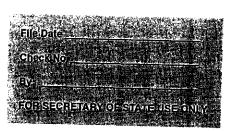
BY\_

Under penalty of periusy, 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.

Signature Authorized Person

ERIÇ/C. RAPOSA, MEMBER

Print or Type Name of Authorized Person



Form No. 632 Revised: 01/2012