

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.		ne of the limited liab						
796776	Marine S	Marine Safety and Security, LLC						
3. State of Formation		Brief description of the character of business conducted in Rhode Island						
Rhode Island	On wate	r safety consul	ting					
5. Principal office address 115 Old Fort Rd			City Newport	State RI	Zip 02840			
6. MAILING ADDRESS O	F LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:				
Contact Name Donald Gunning			Contact Title Partner					
Street Address 115 Old Fort Rd			City Newport	State Ri	Zip 02840			
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC		PRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEM	BERS		
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name			Manager Name 2 0 0 0					
Street Address			Street Address	Street Address 3				
City	State	Zip	City	State	Zip —			
B. RESIDENT AGENT IN	RHODE ISLAND		•		<u> </u>	<u> </u>		
This information is curre	ently of record in th	e Office of the Sec	retary of State. Changes require	e filing Form 642.		ĉ'n		
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By 23/1/39 A.A.

	Officer perialty of perjury, I deciate and affilia 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	11.7.2	014			
Bv:	Signature of Authorized Person Date				
FOR SECRETARY OF STATE USE ONLY	DONALD F. GUNNING				
	Print or Type Name of Authorized Person				

Form No. 632 Revised: 01/2012