

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 __20/4

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 na	me of the limited liab	ility company			
149688			nt Marina LLC			
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
RI	ne	al estate	ownership			
5. Principal office address Griffin Asset Management			New York	State	Zip 10017 - 5071	
6. MAILING ADDRESS O	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name Robert Youngman			Contact Title	Contact Title		
Street Address . 330 Madison Ave.			New York	State W. Y.	Zip 10017 - 5071	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACI		PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN F	RHODE ISLAND					
This information is curre	ntly of record in th	e Office of the Seci	etary of State. Changes require fi	iling Form 642.		

FILED NOV **2 1** 2014 237 115

File Date _		
Check No .		
Ву:		
FOR SECR	ETARY OF STATE	USE ONLY

Under penalty of perjury, I declare and affirm this report, including any accompanying school and that all statements contained herein are t	edules and statements.
Timother T. More	11/14/2014
Signature of Authorized Person	Date
I/M oTHY / . MORE Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012