

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

Filling 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	pility company				
265703	DEEPW	DEEPWATER MARINE, LLC					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
RI	OWNER	OWNERSHIP AND OPERATION OF MARINE VESSEL					
5. Principal office address 34 DRUMHILL ROAD			City WILTON	State CT	Zip 06897		
6. MAILING ADDRESS OF	FLIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name RICHARDSON C. H	ENDEE	SCIABILITY COMPANY AND N	Contact Title				
Street Address 34 DRUMHILL ROAD			City WILTON	State CT	Zip 06987		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
		,		State	15:-		
City	State	Zìp	City	State	Zip		
City B. RESIDENT AGENT IN R		Zip	City	State State	Zip Lasta etgista etgista (19		

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File Date	Under penalty of perjury, I declare and affirm that this report, including any accompanying schedules	I have examined	
Check No	and that all statements contained herein are true	and correct	
Bv:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	RICHARDSON C. HENDEE	- 4.10	
	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012