

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 2015

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 nam	2. Exact name of the limited liability company				
158669	ATWATE	ATWATER MARINE ENTERPRISE, LLC				
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Maritime	Maritime Trades				
5. Principal office address 3852 Main Road			City Tiverton	State RI	Zip 02878	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:		
Contact Name Richard S. Humphrey			Contact Title Attorney			
Street Address 3852 Main Road			City Tiverton	State RI	Zip 02878	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD IMENT) [RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Debra Chenevert			Manager Name			
Street Address 8 Atwater Terrace			Street Address			
City Farmington	State CT	Zip 06032	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R			V Procedure and the second			
This information is currer	ntly of record in the	e Office of the Secret	ary of State. Changes requir	e filing Form 642.		

FILED

OCT 0 7 2015

File DateBY	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.	I statements
Check No	10/01/2015	
Bv:	Signature of Authorized Person Date	
	David M. Bohonnon, Its Attorney	
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012