

## 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 nar	2. Exact name of the limited liability company					
118715	LPS Mar	LPS Maritime, LLC					
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Maritime	Trades					
5. Principal office addres 3852 Main Road	52 Main Road		City <b>Tiverton</b>	State RI	Zip <b>02878</b>		
6, MAILING ADDRESS	OF LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:			
Contact Name Richard S. Humph	4. Brief description of the character Maritime Trades  S OF LIMITED LIABILITY COMPANY AND NOTIFY  Ohrey  ERS (NAMES AND ADDRESSES) OF THE LIACHMENT)	Contact Title Attorney					
Street Address 3852 Main Road			City <b>Tiverton</b>	State RI	Zip <b>02878</b>		
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC	S (NAMES AND ADD CHMENT) [	PRESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS		
Manager Name Annmarie Sirois	Manager Name Annmarie Sirois		Manager Name				
Street Address 113 Pine Ledge Ro	oad		Street Address				
City Greenville		Zip <b>02878</b>	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN	197 - M. William   1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	The Park State of	L				
This information is curr	ently of record in th	e Office of the Secret	ary of State. Changes requir	e filing Form 642.	<u> </u>		

File Date		Under penalty of perjury, I declare and affirm this report, including any accompanying scho and that all stagements contained herein are to	edules and statements
Check No	FILED		10/01/2015
Bv	ILLL	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY	OCT 0 7 2015	David M. Bohonnon, Its Attorney	
FUH SECHEIAHT OF STATE USE ONLY	~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012