

## 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 nai	2. Exact name of the limited liability company				
116304	TAT WA	TAT WATER TRANSPORT, LLC				
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Maritime	Maritime Trades				
5. Principal office address 3852 Main Road	<u>'</u>		City <b>Tiverton</b>	State RI	Zip <b>02878</b>	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:		
Contact Name Richard S. Humphre	ey		Contact Title Attorney			
Street Address 3852 Main Road			City <b>Tiverton</b>	State RI	Zip <b>02878</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		PRESSES) OF THE LI	MITED LIABILITY COMPANY	, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name Dr. James A. Tatoia	n	. , . ,	Manager Name			
Street Address 230 Ivy Lane			Street Address			
City <b>Haverford</b>	State <b>PA</b>	Zip 19041	City	State	Zip	
Manager Name	<b>,</b>	<b>.</b>	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN F	HODE ISLAND					
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 Date BY_	Under penalt of perjury, I declare and affirm that this report, including any accompanying schedulard that all staffements contained herein are true	iles and statements
Check No.		10/01/2015
BV	Signature deautherized Person	Date
FOR SECRETARY OF STATE USE ONLY	David M. Bohonnon, Its Attorney	
FUNSECHEIANT OF STATE USE ONLY	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012