

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 name of the limited liability company						
273514	WANDERER MARINE ENTERPRISES, LLC						
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Maritime	Maritime Trades and Charters					
5. Principal office address 3852 Main Road			City Tiverton	State RI	^{Zip} 02878		
6. MAILING ADDRESS OF LI	MITED LIABILIT	Y COMPANY AND NA	AME OR TITLE OF CONTACT	PERSON:	1 10 7 10 10		
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 (NA ("X" BOX FOR ATTACHME		RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name John J. Frank			Manager Name				
Street Address 20 Cedar Street, Suite 203			Street Address				
City New Rochelle	State NY	Zip 10801	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHO	DEISLAND	HANNER DE LA COMPANIO					
This information is currently	of record in the	e Office of the Secret	tary of State. Changes require	e filing Form 642.			

FILED

OCT 0 7 2015

BY 166	Under penalty of perjury, I declare and affirm that I have examine	
File Date Check No	this report, including any accompanying schedules and statement and that all statements contained herein are true and correct. 10/01/2015	ITS
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