

## 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.

Rhode Island  Manufacturing Representative to Marine Industry  5. Principal office address 1445 Main Road  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Timothy P. Conroy  Street Address 1445 Main Road  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)  Manager Name  Manager Name  Street Address  City  State  Zip  Not LIST MEMBERS  City  Street Address  Street Address  Street Address  City  State  Zip  Manager Name	1. Entity ID No.	2. Exact name of the limited liability company						
Rhode Island  Manufacturing Representative to Marine Industry  5. Principal office address 1445 Main Road  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Timothy P. Conroy  Street Address 1445 Main Road  City Tiverton Street Address ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  City Street Address  City Street Address  Street Address  Street Address  Street Address  City State Zip Namager Name  Manager Name  Street Address  City State Zip  City State Zip  Manager Name  Street Address  City State Zip  City State Zip  City State Zip  City State Zip	92831	Commai	r Sales, LLC					
Rhode Island  Manufacturing Representative to Marine Industry  5. Principal office address 1445 Main Road  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Timothy P. Conroy  Street Address 1445 Main Road  City Tiverton Street Address ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  City Street Address  City Street Address  Street Address  Street Address  Street Address  City State Zip Namager Name  Manager Name  Street Address  City State Zip  City State Zip  Manager Name  Street Address  City State Zip  City State Zip  City State Zip  City State Zip	3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
1445 Main Road Tiverton RI 02878  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Timothy P. Conroy  Street Address 1445 Main Road City Tiverton State RI Zip 02878  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address City State Zip City State Zip  Manager Name  Street Address  Street Address  City State Zip	Rhode Island							
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Street Address 1445 Main Road  City Tiverton State RI  02878  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  City State Zip City State Zip Manager Name  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address	6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
1445 Main Road  Tiverton  Manager Name  Street Address  Tiverton  Tiverton  Tiverton  Tiverton  Manager Name  Street Address  Tiverton  Tiverton  Tiverton  Tiverton  Tiverton  Manager Name  Street Address  Tiverton  Tiverton  Manager Name  Street Address  Tiverton  Tiverton  Manager Name  Street Address  Tiverton  Tiverton  Manager Name  Stree	Contact Name			Contact Title				
Manager Name  Manager Name  Street Address  City  State  Zip  City  Manager Name  Manager Name  Street Address  Street Address  City  State  Zip  Manager Name  Street Address  City  State  Zip  Manager Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip								
Street Address  City State Zip City Manager Name  Manager Name  Street Address  Street Address  City State Zip  Manager Name  Street Address  City State Zip State Zip  City State Zip	7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD MENT)	PRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS		
City State Zip City State Zip  Manager Name  Manager Name  Street Address  City State Zip  City State Zip  City State Zip	Manager Name			Manager Name	Manager Name			
Manager Name  Manager Name  Street Address  Street Address  City  State  Zip  City  State  Zip  City  State  Zip	Street Address			Street Address				
Street Address  Street Address  City State Zip City State Zip	City	State	Zip	City	State	Zip		
City State Zip City State Zip	Manager Name			Manager Name				
, only office 2p	Street Address			Street Address				
8. RESIDENT AGENT IN RHODE ISLAND	City	State	Zip	City	State	Zip		
	8. RESIDENT AGENT IN R	HODE ISLAND				· · · · · · · · · · · · · · · · · · ·		
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is curren	tly of record in the	Office of the Secr	etary of State. Changes require	e filing Form 642.			

FILED

OCT 08 2015

	Under penalty of perjury, I declare and affirm that I have exam	ined
File Date	this report, including any accompanying schedules and state	ments,
	and that all statements contained herein are true and correct.	_
Check No	Mun A Afficially 10	1/1/15
Ву:	Signature of Authorized Person Date	
FOR SECRETARY OF STATE USE ONLY	Norman D. MacLeod, III	
. The second part of STATE OUT ONE!	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012