

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.

742498	O'BRIEN MARINE MANAGEMENT, LLC					
3. State of Formation RHODE ISLAND		Brief description of the character of business conducted in Rhode Island BOATING				
5. Principal office address 8 FREEBODY STREET			City NEWPORT	State RI	Zip 02840	
6. MAILING ADDRESS OF Contact Name JAMES F. HYMAN	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT I Contact Title REGISTERED AG			
Street Address 8 FREEBODY STREET			City NEWPORT	State RI	Zip 02840	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		PRESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
treet Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name		I	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R						
This information is curren	itly of record in th	e Office of the Sec	retary of State. Changes require	filing Form 642.	122	
		FILE			DRATI	
	Вл	OCT 14	8429		PH 1:31	
File Date			this report, including	any accompanying ats contained herein	firm that I have examined schedules and statements are true and correct. 9/2//20/9 Date	
FOR SECRETARY OF ST			Print or Type Name of		<u>OBREN</u>	

Form No. 632 Revised: 01/2012