RI SOS Filing Number: 201584747110 Date: 10/20/2015 4:00 PM

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		
113412	NAUTIC PARTNERS LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
DELAWARE	INVESTMENT MANAGMENT		
5. Principal office address	City	State	Zip
50 KENNEDY PLAZA	PROVIDENCE	RI	02903

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
GLEN W. STEVENSON	TAX DIRECTOR		
Street Address	City	State	Zip
50 KENNEDY PLAZA	PROVIDENCE	RI	02903

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		
HABIB Y. GORGI			SCOTT F. HILINSKI		
Street Address			Street Address		
151 GROTTO AVENEUE			2 SPRINGDALE AVENUE		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02906	WELLESLEY	MA	02481
Manager Name			Manager Name		
CHRISTOPHER J. CROSBY			BERNARD V. BUONANNO		
Street Address			Street Address		
293 RUMSTICK ROAD			45 LORING STREET		
City	State	Zip	City	State	Zip
BARRINGTON	RI	02806	PROVIDENCE	RI	02906

8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED
OCT 20 2015
BY 15253

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person — Date: 9/24/15

HABIB Y. GORGI
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

126728-3-1075291

Navis Partners, LLC
Limited Liability Company Annual Report
Annual Report for the Year 2015

Item 7 - Name & Address of each manager of the limited liability company (Attachment)

Name	Address	Title
Douglas C. Hill	10 McPartland Way, East Greenwich, RI 02818	Managing Director

FILED
OCT 20 2015
BY 113412
CK# 15253