

## 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.

162502	2. Exact nam	2. Exact name of the limited liability company PRECISION PLASTICS, LLC				
163502						
3. State of Formation	4. Brief descr	4. Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND		CONSTRUCTION, RENOVATION, REPAIR, PURCHASE & SALE OF BOATS & MARIN PRODUCTS				
5. Principal office address 448 PARK AVENUE			PORTSMOUTH	State RI	Zip <b>02871</b>	
6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND I	NAME OR TITLE OF CONTACT PE	SON:		
Contact Name ERIC C. RAPOSA			Contact Title MEMBER			
Street Address 448 PARK AVENUE			City PORTSMOUTH	State RI	<sup>Zip</sup> 0 <b>2871</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name N/A			Manager Name N/A			
N/A						
N/A						
N/A Street Address	State	Zip	N/A	State	Zip	
N/A Street Address City	State	Zip	N/A Street Address	State	Zip	
N/A Street Address City Manager Name	State	Zip	N/A Street Address City Manager Name	State	Zip	
N/A Street Address City Manager Name N/A	State	Zip	N/A Street Address City Manager Name N/A	State	Zip	
N/A Street Address  City  Manager Name N/A Street Address	State		N/A Street Address  City  Manager Name N/A Street Address	State	Zip	

File Date	this repor	enalty of perjury, I declare and affirm that I have examined ort, including any accompanying schedules and statements, all statements contained herein are true and correct.
Check No	OCT 2 9 2015 Signature	co Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	O I ERIC C.	C. RAPOSA, MEMBER Type Name of Authorized Person

Form No. 632 Revised: 01/2012