

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:	2016
Limited Liability Company	

- → Filing period: September 1 November 1 → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 143045	2. Exact r	2. Exact name of the Limited Liability Company MARPAT, LLC					
3. NAICS Code	4. Brief de REAL ES	Brief description of the character of business conducted in Rhode Island     REAL ESTATE MANAGEMENT					
5. State of Formation	_						
RHODE ISLAND							
6. Principal Office Address		<del></del>	City				
1627 RIVERVIEW ROAD, APT 515, HILLSBORO LNDG			DEERFIELD BEACH	State FL	Zip 33441		
7. Mailing Address of Limited	Liability Compa	any and Name or Titl	e of Contact Person				
PATRICK HORGAN, II			Contact Title MANAGER				
Street Address 1627 RIVERVIEW ROAD, APT 515, HILLSBORO			City DEERFIELD BEACH	State FL	Zip 33441		
8. List ALL managers (names	and addresses	s) of the Limited Liab	ility Company, IF APPLICABLE	- DO NOT LIST	MEMBEDS		
PATRICK HORGAN, II			Manager Name				
Street Address 1627 RIVERVIEW ROAD, APT 515, HILLSBORO		Street Address					
DEERFIELD BEACH	State FL	Zip 33441	City	State	Zip		
lanager Name			Manager Name				
treet Address			Street Address				
ity	State	7:					
	Clate	Zip	City	State	Zip		
Resident Agent in Rhode Isla	and This is a		Ch	eck the box to in	ndicate an attachment		
nder penalty of periury. I de	clare and affir	tion is currently of reco	ord with the Department of State. Ch	anges require filing	Form 642.		
	ments contain	ed herein are true :	ined this report, including any and correct.	accompanying	schedules and		
ame of Authorized Person ATRICK HORGAN II	_			Date 9/12/	16		
gnature of Authorized Person	7:M	SIGN DOC	UMENT HERE	1777	' <i>B</i>		
1			F				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

FORM 632 - Revised: 08/2016