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 name of the Limited Liability Company **MARPAT, LLC**		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island **REAL ESTATE MANAGEMENT**		
5. State of Formation **RHODE ISLAND**			
6. Principal Office Address **1627 RIVERVIEW ROAD, APT 515, HILLSBORO LNDG**	City **DEERFIELD BEACH**	State **FL**	Zip **33441**
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name **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) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**			
Manager Name **PATRICK HORGAN, II**	Manager Name		
Street Address **1627 RIVERVIEW ROAD, APT 515, HILLSBORO**	Street Address		
City **DEERFIELD BEACH** / State **FL** / Zip **33441**	City / State / Zip		
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

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.

Name of Authorized Person **PATRICK HORGAN II**	Date 9/12/16
Signature of Authorized Person SIGN DOCUMENT HERE	

FILED

SEP 16 2016

By

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov