

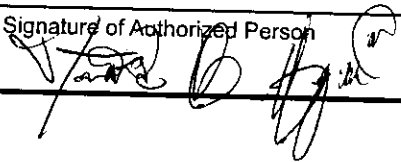


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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<br><b>143045</b>                                                                                                                                                                 |                 | 2. Exact name of the Limited Liability Company<br><b>MARPAT, LLC</b>                                         |                              |                        |     |
| 3. NAICS Code                                                                                                                                                                                        |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE MANAGEMENT</b> |                              |                        |     |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                         |                 |                                                                                                              |                              |                        |     |
| 6. Principal Office Address<br><b>1627 RIVERVIEW ROAD, APT 515, HILLSBORO LNDG</b>                                                                                                                   |                 | City<br><b>DEERFIELD BEACH</b>                                                                               | State<br><b>FL</b>           | Zip<br><b>33441</b>    |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |                 |                                                                                                              |                              |                        |     |
| Contact Name <b>PATRICK HORGAN, II</b>                                                                                                                                                               |                 |                                                                                                              | Contact Title <b>MANAGER</b> |                        |     |
| Street Address <b>1627 RIVERVIEW ROAD, APT 515, HILLSBORO</b>                                                                                                                                        |                 | City <b>DEERFIELD BEACH</b>                                                                                  | State <b>FL</b>              | Zip <b>33441</b>       |     |
| 8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>                                                                       |                 |                                                                                                              |                              |                        |     |
| Manager Name <b>PATRICK HORGAN, II</b>                                                                                                                                                               |                 | Manager Name                                                                                                 |                              |                        |     |
| Street Address <b>1627 RIVERVIEW ROAD, APT 515, HILLSBORO</b>                                                                                                                                        |                 | Street Address                                                                                               |                              |                        |     |
| City <b>DEERFIELD BEACH</b>                                                                                                                                                                          | State <b>FL</b> | Zip <b>33441</b>                                                                                             | City                         | State                  | Zip |
| Manager Name                                                                                                                                                                                         |                 | Manager Name                                                                                                 |                              |                        |     |
| Street Address                                                                                                                                                                                       |                 | Street Address                                                                                               |                              |                        |     |
| City                                                                                                                                                                                                 | State           | Zip                                                                                                          | City                         | State                  | Zip |
| 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<br><b>PATRICK HORGAN II</b>                                                                                                                                                |                 |                                                                                                              |                              | Date<br><b>9/12/16</b> |     |
| Signature of Authorized Person<br>                                                                                |                 |                                                                                                              |                              | SIGN DOCUMENT HERE     |     |

**FILED**

**MAIL TO:**

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

By

SEP 16 2016

