



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** 2016

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. <b>102002</b>		2. Exact name of the limited liability company <b>F. M. J. Maritime, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Charter boat service</b>			
5. Principal office address <b>80 Cramball Ave</b>			City <b>Westerly</b>	State <b>R.I.</b>	Zip <b>02891</b>
<b>MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON:</b>					
Contact Name <b>F. Michael Joseph</b>			Contact Title <b>member</b>		
Street Address <b>175 Barnard Hills Rd.</b>			City <b>Granby</b>	State <b>CT.</b>	Zip <b>06035</b>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>F. Michael Joseph</b>			Manager Name		
Street Address <b>80 Cramball Ave</b>			Street Address		
City <b>Westerly</b>	State <b>R.I.</b>	Zip <b>02891</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND <b>F. Michael Joseph</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

SEP 23 2016

By 16242  
LD

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

END 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.

*F. Michael Joseph*  
 Signature of Authorized Person  
**F. Michael Joseph**

Date \_\_\_\_\_