



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>102002</b>                                                                                                                                                                        |                 | 2. Exact name of the Limited Liability Company<br><b>F.M.J. Maritime, LLC</b>                       |                              |                        |                     |
| 3. NAICS Code<br><b>441110</b>                                                                                                                                                                              |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>BOAT CHARTERS</b> |                              |                        |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |                 | TITLE 7-16                                                                                          |                              |                        |                     |
| 6. Principal Office Address<br><b>80 CRANDALL</b>                                                                                                                                                           |                 | City<br><b>80 CRANDALL AVENUE</b><br><i>Westerly</i>                                                |                              | State<br><b>RI</b>     | Zip<br><b>02891</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                 |                                                                                                     |                              |                        |                     |
| Contact Name <b>F. MICHAEL JOSEPH</b>                                                                                                                                                                       |                 |                                                                                                     | Contact Title <b>MANAGER</b> |                        |                     |
| Street Address <b>175 BARNDOR HILLS ROAD</b>                                                                                                                                                                |                 | City <b>GRANBY</b>                                                                                  |                              | State <b>CT</b>        | Zip <b>06035</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                 |                                                                                                     |                              |                        |                     |
| Manager Name <b>F. MICHAEL JOSEPH</b>                                                                                                                                                                       |                 |                                                                                                     | Manager Name                 |                        |                     |
| Street Address <b>80 CRANDALL AVENUE</b>                                                                                                                                                                    |                 |                                                                                                     | Street Address               |                        |                     |
| City <b>WESTERLY</b>                                                                                                                                                                                        | State <b>RI</b> | Zip <b>02891</b>                                                                                    | City                         | State                  | Zip                 |
| Manager Name                                                                                                                                                                                                |                 |                                                                                                     | Manager Name                 |                        |                     |
| Street Address                                                                                                                                                                                              |                 |                                                                                                     | Street Address               |                        |                     |
| City                                                                                                                                                                                                        | State           | Zip                                                                                                 | City                         | State                  | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |                 |                                                                                                     |                              |                        |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |                 |                                                                                                     |                              |                        |                     |
| <b>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.</b> |                 |                                                                                                     |                              |                        |                     |
| Name of Authorized Person<br><b>F. MICHAEL JOSEPH</b>                                                                                                                                                       |                 |                                                                                                     |                              | Date<br><b>9.21.16</b> |                     |
| Signature of Authorized Person<br><i>F. Michael Joseph</i>                                                                                                                                                  |                 |                                                                                                     |                              | SIGN DOCUMENT HERE     |                     |

**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**

OCT 07 2016  
By *1645 A.A.*