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	

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact name	of the Limited Lia	ability Company			
1063612	MACFARLAN MARINE, LLC					
3. State of Formation Rhode Island	4. Brief description of the character of business conducted in Rhode Island Small commercial fishing vessel, building up the business, in process of acquiring applicable permits to use LLL to grow secutions					
5. Principal Office Address	povviii	· · · · · ·	City	State	Zip	
83 Bliss Mine Road			Newport	RI	02840	
6. Mailing Address of Limited Lia	bility Company a	nd Name or Title	of Contact Person		•	
Contact Name Reuben J.A. MacFarlan			Contact Title Manager			
Street Address 83 Bliss Mine Road		City Newport	State RI	^{Zip} 02840		
7. List ALL managers (names ar	nd addresses) of	the Limited Liabi	lity Company, IF APPLICABLE - I	OO NOT LIST ME	MBERS	
Manager Name Reuben J.A. MacFarlan		Manager Name				
Street Address 83 Bliss Mine Road		Street Address				
City Newport	State RI	^{Zip} 02840	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		l	Che	eck the box to indi	cate an attachment	
8. Resident Agent in Rhode Islan	d. This information	is currently of reco	ord in the Department of State. Chang	ges require filing For	m 642.	
Under penalty of perjury, I decistatements, and that all statem				accompanying s	chedules and	
Name of Authorized Person Reuben J. A. Martan			Yas 9-30-16			
Signature of Authorized Person		11 1 -	MENT HERE	-		
***************************************	<u> </u>	11/1/0				

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 1 1 2016