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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	2. Exact name	2. Exact name of the Limited Liability Company				
1335396	D&(	D & C Marine Properties, LLC				
3. NAICS Code	4. Brief descrip	Brief description of the character of business conducted in Rhode Island				
81						
5. State of Formation	boat ov	boat ownership				
6. Principal Office Address			City Providence	State RI	Zip 02908	
301 Promenade Street			1 10 11001,00	KI	02908	
7. Mailing Address of Limited Lia	bility Company :	and Name or Title	of Contact Person			
Contact Name Karen G. DelPonte, Esquire			Contact Title			
Street Address 301 Promenade Street			City Providence	State RI	Zip 02908	
8. List ALL managers (names an	d addresses) of	the Limited Liabi	lity Company, IF APPLICA	ABLE - DO NOT LIST ME	MBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	<b>Z</b> ip	
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 filling 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				Date		
Karen G. Del Ponte Oct 18, 2016						
Signature of Authorized Person 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 19 2016

FORM 632 - Revised: 08/2016