

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.

Rhode Island Marine Customer Service City Carolina State RI State RI State Carolina Marine Customer Service City Carolina Contact Name Michael S. Harrington Street Address 152 Dover Lane City Carolina City Carolina City Carolina State RI State RI Contact Title Member Street Address City Carolina RI T. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State City State City State City State Street Address	ntity ID No.	2. Exact name of the limited liability company Harrington Marine Services, LLC					
Rhode Island Marine Customer Service City Carolina City Carolina State RI Mailing Address Contact Name Michael S. Harrington Street Address 152 Dover Lane City Carolina City Member City Carolina State RI City Carolina State RI T. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Manager Name Street Address City State RI City State RI Carolina State RI Carolina State RI Carolina State RI City Carolina State RI City Carolina State RI City Carolina RI City State State Street Address City State	J 1343						
State RI State Manager Street Address Stre	tate of Formation						
152 Dover Lane 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Michael S. Harrington Street Address 152 Dover Lane 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City Carolina State RI 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Street Address	iode Island						
Contact Name Michael S. Harrington Street Address 152 Dover Lane 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Street Address					1	Zip 02812	
Michael S. Harrington Street Address 152 Dover Lane City Carolina T. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City State State		ITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
152 Dover Lane Carolina RI 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State							
Manager Name Manager Name						Zip 02812	
Street Address Street Address City State Zip City State	ST <u>ALL</u> MANAGERS (NA X" BOX FOR ATTACHME!	MES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBE	
City State Zip City State	Manager Name			Manager Name	Manager Name		
, only office	Street Address			Street Address			
Vanager Name Manager Name		State	Zip	City	State	Zip	
	fanager Name			Manager Name			
Street Address Street Address	Street Address			Street Address			
City State Zip City State		State	Zip	City	State	Zip	
3. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.							

FILED

OCT 19 2016

BY Ch 286399

Print or Type Name of Authorized Person

Michael S. Harrington, Member		
Signature of Authorized Person	Pate	
114 14-1	9/3/16	
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.		
	this report, including any accompanying so and that all statements contained herein and Signature of Authorized Person	

Form No. 632 Revised: 01/2012