(I)	State of Rhode Island and Providence Plantations				
	State of Rhode Island and Providence Plantations  Department of State - Business Services Division				

Annual Report for the year: 2017
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 of the Limited Liability Company						
148744	Aquidneck Marine, L.L.C.						
3. NAICS Code	NAICS Code 4. Brief description of the character of business conducted in Rhode Island						
Z3 Maritime painting							
5. State of Formation		120 721	$\overline{}$				
5. State of Formation  Rhode Island  38330							
6. Principal Office Address			City	State	Zip		
625 Thames Street			Newport	R.I.	02840		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Maurice Cusick			Contact Title Attorney				
Street Address 625 Thames Str	eet		City Newport	State R.I.	<sup>Zip</sup> 02840		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
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	Zip		
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 filing 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		
Maurice Cusick, Esq.					10/29/2017		
Signature of Authorized Person  WHILL & WEELER OF THE STREET OF THE STRE							

## MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



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