Sta			
	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Comp Annual Report			
Filing Period: September 1 -	November 1		
	7-16-66(d), each limited liability comp thirty (30) days after the time presc enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2018		
1. ID No. <u>000134926</u>			
2. Exact Name of the Limited Liability Company <u>ROMARINE LLC</u>			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	ode that best describes the primary	business conducted by the entity	
the list of codes <u>nere.</u> More	information on <u>NAICS</u> can be found		. Download
<u>336612</u>	information on <u>NAICS</u> can be found		
<u>336612</u>	information on <u>NAICS</u> can be found Character of the Business Which	online.	
<u>336612</u> 4. Brief Description of the		online.	
<u>336612</u> 4. Brief Description of the	Character of the Business Which FIBERGLASS COMPONENTS	online.	
<u>336612</u> 4. Brief Description of the <u>BOATBUILDING AND 1</u> 5. Principal Office Address	Character of the Business Which FIBERGLASS COMPONENTS s ERNDALE CIRCLE	online.	
336612 4. Brief Description of the BOATBUILDING AND I 5. Principal Office Address No. and Street: 24 VE City or Town: BRIST	Character of the Business Which FIBERGLASS COMPONENTS s ERNDALE CIRCLE	online. • is Actually Conducted in Rho •: <u>RI</u> Zip: <u>02809</u> Count	de Island
336612 4. Brief Description of the BOATBUILDING AND I 5. Principal Office Address No. and Street: 24 VE City or Town: BRIST 6. Mailing Address of Lime Contact Name: DAVID VA No. and Street: PO	Character of the Business Which FIBERGLASS COMPONENTS s S ERNDALE CIRCLE TOL State ited Liability Company and Name ARGAS Contact Title: BOX 1146	online. is Actually Conducted in Rho e: <u>RI</u> Zip: <u>02809</u> Countries or Title of Contact Person :	o de Island ry: <u>USA</u>
336612 4. Brief Description of the BOATBUILDING AND I 5. Principal Office Address No. and Street: 24 VE City or Town: BRIST 6. Mailing Address of Lime Contact Name: DAVID VA No. and Street: PO	Character of the Business Which FIBERGLASS COMPONENTS s ERNDALE CIRCLE TOL State ited Liability Company and Name	online. • is Actually Conducted in Rho •: <u>RI</u> Zip: <u>02809</u> Count	o de Island ry: <u>USA</u>
336612 4. Brief Description of the BOATBUILDING AND I 5. Principal Office Address No. and Street: 24 VE City or Town: BRIST 6. Mailing Address of Lim No. and Street: DAVID VA No. and Street: PO Contact Name: DAVID VA No. and Street: PO City or Town: BRI	Character of the Business Which FIBERGLASS COMPONENTS s S ERNDALE CIRCLE TOL State ited Liability Company and Name ARGAS Contact Title: BOX 1146 STOL State: RI Each Manager of the Limited Liab	e: <u>RI</u> Zip: <u>02809</u> Countries or Title of Contact Person: Zip: <u>02809</u> Country:	o de Island ry: <u>USA</u>
336612 4. Brief Description of the BOATBUILDING AND I 5. Principal Office Address No. and Street: 24 VE City or Town: BRIST 6. Mailing Address of Lim Contact Name: DAVID VA No. and Street: PO City or Town: BRIST 6. Mailing Address of Lim DAVID VA No. and Street: PO City or Town: BRI 7. Name and Address of E	Character of the Business Which FIBERGLASS COMPONENTS s ERNDALE CIRCLE TOL State ited Liability Company and Name ARGAS Contact Title: BOX 1146 STOL State: RI Each Manager of the Limited Liate S Individual Name	online. is Actually Conducted in Rho : <u>RI</u> Zip: <u>02809</u> Countri or Title of Contact Person: Zip: <u>02809</u> Country: ility Company, if Applicable. Address	ry: <u>USA</u>
336612 4. Brief Description of the BOATBUILDING AND I 5. Principal Office Address No. and Street: 24 VE City or Town: BRIST 6. Mailing Address of Lim Contact Name: DAVID VA No. and Street: PO City or Town: BRIST 7. Name and Address of E DO NOT LIST MEMBERS	Character of the Business Which FIBERGLASS COMPONENTS s ERNDALE CIRCLE TOL State ited Liability Company and Name ARGAS Contact Title: BOX 1146 STOL State: RI Each Manager of the Limited Liak s	online. is Actually Conducted in Rho e: <u>RI</u> Zip: <u>02809</u> Country e or Title of Contact Person: Zip: <u>02809</u> Country: ility Company, if Applicable.	ode Island ry: <u>USA</u> <u>USA</u>

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DAVID M. VARGAS 12 CLIFF DRIVE BRISTOL , RI 02809

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 10 Day of October, 2018 at 11:45:41 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DAVID M VARGAS

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved