

State of Rhode Island
Department of State - Business Services Division

FILED

OCT 19 2020

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TV 3222

Annual Report for the year: 2020
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000919401		2. Exact name of the Corporation BROOKS MARINE GROUP, LLC.			
3. Principal Office Address 449 THAMES ST. UNIT 103		City NEWPORT	State RI	Zip 02840	
4. NAICS Code 54-1612		6. Brief description of the character of business conducted in Rhode Island MANAGEMENT RECRUITER			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NEAL B. HARRELL JR.			Vice-President Name N/A		
Street Address 27 MITCHELLS LANE			Street Address		
City NUSSLETON	State RI	Zip 02842	City	State	Zip
Secretary Name N/A			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	SHR	0100
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative NEAL B. HARRELL JR.				Date 9/27/20	
Signature of Authorized Representative <i>(Handwritten Signature)</i>					