	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St	reet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Con Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp nin thirty (30) days after the time prescu penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2020</u>		
1. ID No. <u>00055903</u>	<u>6</u>		
2. Exact Name of the L	imited Liability Company <u>MARPE</u>	<u>SA LLC</u>	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary re information on <u>NAICS</u> can be found	-	e entity. Download
4. Brief Description of the second se	he Character of the Business Which	is Actually Conducted	in Rhode Island
GENERAL MARITIMI	E PURPOSES.		
GENERAL MARITIMI 5. Principal Office Addre			
5. Principal Office Addro No. and Street: <u>130</u>	ess BELLEVUE AVENUE	re: <u>RI</u> Zip: <u>02840</u>	Country: <u>USA</u>
5. Principal Office Addre No. and Street: <u>130</u> City or Town: <u>NEV</u>	ess BELLEVUE AVENUE		Country: <u>USA</u>
5. Principal Office Address No. and Street: 130 City or Town: NEV 6. Mailing Address of Lit Contact Name: Contact No. and Street: BC	ess <u>BELLEVUE AVENUE</u> <u>WPORT</u> Sta imited Liability Company and Name	or Title of Contact Per	Country: <u>USA</u> son:
5. Principal Office Address No. and Street: 130 City or Town: NEV 6. Mailing Address of Lit Contact Name: Contact No. and Street: BC	ess <u>BELLEVUE AVENUE</u> <u>WPORT</u> Star imited Liability Company and Name	or Title of Contact Per	Country: <u>USA</u>
5. Principal Office Address No. and Street: 130 City or Town: NEX 6. Mailing Address of Lit Contact Name: Contact No. and Street: BC City or Town: HA	BELLEVUE AVENUE WPORT State imited Liability Company and Name Title: DX 673 KWICHPORT State: MA f Each Manager of the Limited Liab	or Title of Contact Per Zip: <u>02646</u> C	Country: <u>USA</u> son: ountry: <u>USA</u>
5. Principal Office Address No. and Street: 130 City or Town: NEX 6. Mailing Address of Lit Contact Name: Contact No. and Street: BC City or Town: HA 7. Name and Address of	BELLEVUE AVENUE WPORT State imited Liability Company and Name Title: DX 673 RWICHPORT State: MA f Each Manager of the Limited Liab ERS Individual Name	or Title of Contact Per Zip: <u>02646</u> C ility Company, if Applic Addres	Country: <u>USA</u> son: ountry: <u>USA</u> cable.
 5. Principal Office Address No. and Street: <u>130</u> City or Town: <u>NEX</u> 6. Mailing Address of Lite Contact Name: Contact No. and Street: <u>BC</u> City or Town: <u>HA</u> 7. Name and Address of DO NOT LIST MEMBER 	BELLEVUE AVENUE WPORT Sta imited Liability Company and Name : Title: DX 673 .RWICHPORT State: MA f Each Manager of the Limited Liab :RS	or Title of Contact Per Zip: <u>02646</u> C ility Company, if Applic Address, City or Town, Sta	Country: <u>USA</u> son: ountry: <u>USA</u> cable.

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

PETER BRENT REGAN, ESQ. 130 BELLEVUE AVENUE, UNIT 2 NEWPORT, RI 02840

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

Signed this 27 Day of October, 2020 at 3:24:41 PM 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 BARBARA F. LEE

Signature of Authorized Person

Form No. 632 Revised 09/07

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