

| Annual Report for the year: | 2020 | ۶<br>۲.۱. ۵۱ |
|-----------------------------|------|--------------|
| Limited Liability Company   |      | Ua'''        |

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| R.i. <u>[</u> | REC         | EIVE | D<br>STATE | STAMP |
|---------------|-------------|------|------------|-------|
| 2021          | US S<br>FEB | 18   | A 10:      | 52    |

| 1. Entity ID Number<br>001657924                     | 1                 | 2. Exact name of the Limited Liability Company PRESTON MARINE, LLC  |                                 |                                       |                        |  |  |
|--|-------------------|---|---------------------------------|---------------------------------------|------------------------|--|--|
| 3. NAIC\$ Code<br>238990                             |                   | 4. Brief description of the character of business conducted in Rhode Island To operate and conduct business in the marine trades industry |                                 |                                       |                        |  |  |
| 5. State of Formation RI                             |                   |   |                                 |                                       |                        |  |  |
| 6. Principal Office Address<br>80 Third Street       |                   |   | City<br>Newport                 | State<br>RI                           | Zip<br>02840           |  |  |
| 7. Mailing Address of Limite                         | d Liability Compa | any and Name o  | r Title of Contact Person       | · · · · · · · · · · · · · · · · · · · | •                      |  |  |
| Contact Name Mark W. Preston                         |                   |   | Contact Title Member            | Contact Title Member                  |                        |  |  |
| Street Address 80 Third Street                       |                   |   | City Newport                    | State RI                              | <sup>Zip</sup> 02840   |  |  |
| 8. List ALL managers (nam                            | es and addresse   | s) of the Limited   | Liability Company, IF APPLIC    | ABLE - DO NOT LIST                    | MEMBERS                |  |  |
| Manager Name   |                   |   | Manager Name                    | Manager Name                          |                        |  |  |
| Street Address                                       |                   |   | Street Address                  |                                       |                        |  |  |
| City   | State             | Zıp   | City                            | State                                 | Zip                    |  |  |
| Manager Name   |                   |   | Manager Name                    |                                       |                        |  |  |
| Street Address                                       |                   |   | Street Address                  |                                       |                        |  |  |
| City   | State             | Zıp   | City                            | State                                 | Zip                    |  |  |
|  |                   | <u> </u>  |                                 | Check the box to                      | indicate an attachment |  |  |
| 9. The Resident Agent infor                          | mation currently  | of record with th   | e RI Department of State is acc | curate. Changes requir                | e filing Form 642.     |  |  |
| Under penalty of perjury, statements, and that all s |                   |   | examined this report, includ    | ing any accompanyin                   | g schedules and        |  |  |
| Name of Authorized Person                            |                   |   |                                 | Date                                  | <del></del>            |  |  |
| Mark W. Preston                                      |                   |   |                                 | 21                                    | 15/2021                |  |  |
| Signature of Authorized Per                          | rson              | Mark W  | Vrech.                          |                                       |                        |  |  |

MAIL TO:

**Division of Business Services** 

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

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

FEB 18 2021

ORM 632 - Revised: 08/2020