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R.I. DEPT. OF STATE

BUS SVCS DIV

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
000698561	OLINKA MARINE MANAGEMENT, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
483112	MARINE VESSEL OWNERSHIP AND OPERATION				
5. State of Formation					
RHODE ISLAND					
6. Principal Office Address		City	State	Zip	
56 KENT STREET		SCITUATE	MA	02066	
7. Mailing Address of Limited L	iability Company and Name or Til	lle of Contact Person			
Contact Name AMR MOHMED FAWZY ABDELRAZEK		Contact Title LLC MANAGER AND SOLE MEMBER			
Street Address 56 KENT STREET		City SCITUATE	State MA	Zip 02066	
8. The Resident Agent informa-	tion currently of record with the R	Department of State is accurate	e. Changes requir	re filing Form 642.	
	eclare and affirm that I have examents contained herein are tru		ny accompanyin	ng schedules and	
Name of Authorized Person			Date	Date	
AMR MOHMED FAWZY	ABDELRAZEK		FEBRU	ARY 10, 2023	
Signature of Authorized Person	- Jane				

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**

10. A. 1. 36 pm