



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 OCT -6 PM 3:50

Annual Report for the year: 2023

Limited Liability Company

→ 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<br><b>000853506</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>Marine Metal Fabricators, LLC</b>                                                      |                    |
| 3. NAICS Code<br><b>812990</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>To fabricate towers and accessory equipment for boats</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                      |  |                                                                                                                                             |                    |
| 6. Principal Office Address<br><b>26 Tyler Point Road</b>                                                                                                                                               |  | City<br><b>Barrington</b>                                                                                                                   | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02806</b>                                                                                                                         |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                             |                    |
| Contact Name<br><b>Alfred Elson</b>                                                                                                                                                                     |  | Contact Title<br><b>Member</b>                                                                                                              |                    |
| Street Address<br><b>26 Tyler Point Road</b>                                                                                                                                                            |  | City<br><b>Barrington</b>                                                                                                                   | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02806</b>                                                                                                                         |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                                                             |                    |
| 9. 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 Person<br><b>Alfred Elson</b>                                                                                                                                                        |  | Date<br><b>09/18/23</b>                                                                                                                     |                    |
| Signature of Authorized Person<br><i>* Alfred C. Elson</i>                                                                                                                                              |  |                                                                                                                                             |                    |

FILED

OCT 06 2023

3:52pm

BY LKS CETT1

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02804-2815  
Phone: (401) 222-3040  
Website: www.sos.ri.gov