

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25,00.

	subject to it peratity jet by \$.					
1. II) No. 180868		i name of the limited liability company BIRD MARINE, LLC				
3. State of Formation RHODE ISLAND 4. Brief description of the character of the busin MARITIME TRADES			ess which is actually conducted in Rhode Island			
5. Principal office address 3852 MAIN ROAD			City TIVERTON	State RHODE ISLAND	<i>Ζψ</i> 02878	
6. MAILING ADDRESS Contact Name DAVID M. BOHON		ILITY COMPANY AND	AME OR TITLE OF CONTACT PERSON: Contact Title ATTORNEY			
Street Address 195 CHURCH STREET, EIGHTH FLOOR			City NEW HAVEN	State CT	<i>х.</i> р 06510	
7. NAME AND ADDR		GER OF THE LIMITED SPACES BEFORE USIN	D LIABILITY COMPANY, IF APP IG ATTACHMENTS ("X" BOX FO	PLICABLE - DO NOT LIST OR ATTACHMENT)	MEMBERS	
Manager Name DONALD C. HUTCHINS			Manager Name	Manager Name		
Street Address P. O. BOX 4344			Street Address	Street Address		
City	State	Zip	City	State	Ζψ	
FT. LAUDERDALE	FL	33308	:			
Manager Name			Manayer Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT This information is cur		Office of the Secretary of	of State. Changes require filing of l	Form 642 - R.I.G.L. 7-16-11	· .	

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

180868

File Date

OCT 2 8 2011

Check No.

By: FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

DAVID M. BOHONNON, ITS ATTORNEY

Print or Type Name of Authorized Person