1436788

FORM Divisions section

Washington, DC

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

OMB APPROVAL
OMB Number: 3235-0076
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hours per response.....16.00

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

Name of Offering ( check if this is a	n amendment and name has changed, and indicate change.)	
Harbor Technologies, LLC Limited C	Offering of Membership Interests	
Filing Under (Check box(es) that apply):  Type of Filing: New Filing A	Rule 504 Rule 505 Rule 506 Section 4(6)	□ υ∟οε
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested abou	t the issuer	08052544
Name of Issuer ( check if this is an as	mendment and name has changed, and indicate change.)	
Harbor Technologies, LLC		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
8 Business Parkway	Brunswick, ME 04011	(207) 725-4878
Address of Principal Business Operations (if different from Executive Offices) Same	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
the manufacture of composite produ	cts used for marine infrastructure construction	
		PPOCEOGE
Type of Business Organization corporation business trust	limited partnership, already formed other (p	PROCESSED  Ilease specify):  JUN 1 8 2008
	Month Year	
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organizati	or Organization: 111 07 Z Actual Estin on: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offer 77d(6).	ing of securities in reliance on an exemption under Regulation D o	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
and Exchange Commission (SEC) on the ea	ater than 15 days after the first sale of securities in the offering, arlier of the date it is received by the SEC at the address given be by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Excha	nge Commission, 450 Fisth Street, N.W., Washington, D.C. 205	549.
Copies Required: Five (5) copies of this n photocopies of the manually signed copy of	otice must be filed with the SEC, one of which must be manually r bear typed or printed signatures.	y signed. Any copies not manually signed must be
	contain all information requested. Amendments need only report, and any material changes from the information previously suppl	
Filing Fee: There is no federal filing fee.		
State:		
This notice shall be used to indicate reliar ULOE and that have adopted this form. I are to be, or have been made. If a state made the state of the	ace on the Uniform Limited Offering Exemption (ULOE) for satisfiers relying on ULOE must file a separate notice with the Sequires the payment of a fee as a precondition to the claim for the filed in the appropriate states in accordance with state law.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
	ATTENTION	
	priate states will not result in a loss of the federal ex t result in a loss of an available state exemption unle	

		A, BASIC ID	ENDFICATION DATA		
2 Enter the information re	quested for the fol	lowing			
Each promoter of t	heissuer, if the iss	suer has been organized w	vithin the past five years;	•	•
				of, 10% or more o	faclass of equity securities of the issuer.
			corporate general and man		
Each general and n	nanaging partner o	f partnership issuers.			
					CZ : Dumining Manager
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	XX
Full Name (Last name first, i Grimnes, Martin	f individual)		•	•	
Business or Residence Addre 8 Business Parkway, Bru			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	✓ XIEKKKAT MODEN Manager Monocous Rockes
Full Name (Last name first, i	f individual)			<del></del>	
Chesney, Alan					
Business or Residence Addre			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☑ Octoortoodum Manager XHXXXXXXXX
Full Name (Last name first, i McCurtain, Bradley	f individual)	· · · · · · · · · · · · · · · · · · ·	······································		
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
15 Monument Square, P	ortland, ME 04	101			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☑ ××××××××××××××××××××××××××××××××××××
Full Name (Last name first, i	f individual)				
Corbin, Richard					
Business or Residence Addre 1 Granite Ridge Road, (			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☑ OFMERNAMEN Manager XXXXXXXXXXX
Full Name (f.ast name first, i Kenneth Hatten	f individual)				
Business or Residence Addre 396 Glen Road, Westor		Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, )	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, )	(f individual)	•		<u> </u>	**************************************
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)	<del></del>	
	(Us <b>e</b> bla	nk sheet, or copy and use	additional copies of this s	heet, as necessary	)

					B. 18	VFORMATI	ON ABOU	T OFFERI	ΥG				,
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.							Yes	No <b>IX</b>					
2.							***************************************	\$	00.000,				
3.	Does the	e offering	permit joint	ownership	of a sing	le unit?				••••••		Yes	No □
4.	Enter the commission of the commission of the co	e informat sion or simi on to be lis , list the na	ion request ilar remuner ted is an ass ime of the bi you may se	ed for each ration for s ociated per roker or de	h person wollcitation rson or age aler. If mo	tho has bee of purchase int of a brok ore than five	n or will bers in conne er or deale (5) persor	e paid or g ection with rregistered as to be liste	given, direct sales of sec with the S cd are asso	ctly or indi urities in tl EC and/or	rectly, any ne offering. with a state		
Ful	l Name (l	Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	umber and	Street, Ci	ity, State, Z	ip Code)		<del> </del>				
Naı	me of Ass	sociated Br	oker or Dea	aler									
Sta			Listed Has								<u> </u>		
	(Check	"All States	or check	individual	States)	***************************************	····				*************	☐ All	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Ful	II Name (	Last name	first, if indi	vidual)		<del> </del>					<del></del>		
Bu	siness or	Residence	Address (1	lumber an	d Street, C	City, State, 2	Zip Code)						
Na	me of As	sociated Br	oker or De	aler									•
Sta			Listed Has										
	(Check	"All States	s" or check	individual	States)			<del>-</del>	<i></i>		•••••••	□ AI	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MQ PA PR
Fu	ll Name (	Last name	first, if ind	ividual)							-		
Β̈́υ	siness or	Residence	Address (1	Vumber an	d Street, C	City, State,	Zip Code)				·		· _ · · · · ·
Na	me of As	sociated B	roker or De	aler									
Sta	ates in Wi	nich Persor	Listed Has	s Solicited	or Intend	s to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)	****************				****************	***************************************	□ A1	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	this box indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	S	\$
	Equity	s	<b>s</b>
	Common Preferred		
	Convertible Securities (including warrants)	<u>\$</u>	s
	Partnership Interests	s	<b>s</b>
	Other (Specify limited liability company membership interests	1,500,000.00	\$ 700,000.00
	Total	1,500,000.00	\$ 700,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	8	\$ 700,000.00
	Non-accredited Investors	<u>0</u>	\$_0.00
	Total (for filings under Rule 504 only)		<b>s</b>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		<u>s</u>
	Regulation A		<u>s</u>
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<b>s</b>
	Printing and Engraving Costs		\$
	Legal Fees		\$_15,000.00
	Accounting Fees		s
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		<b>s</b>
	Other Expenses (identify)		\$
	Total		\$ 15,000.00

	C. OFFERING PRIC	E. NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	· . · ·
and total e	xpenses furnished in response to	gate offering price given in response to Part C — Q Part C — Question 4.a. This difference is the "adju	sted gross	\$1,485,000.00
each of th check the l	e purposes shown. If the amou box to the left of the estimate. The	gross proceed to the issuer used or proposed to be int for any purpose is not known, furnish an estime total of the payments listed must equal the adjusted Part C — Question 4.b above.	mate and	
			Payments to Officers, Directors, &	Payments to
			Affiliates	Others
			<del>-</del>	<del></del>
				Ds
Purchase,	rental or leasing and installation	n of machinery		<b>-</b>
		s and facilities		
				_ 🖂 3
offering th	nat may be used in exchange fo	g the value of securities involved in this r the assets or securities of another	m <b>s</b>	m ¢
Working	ranital		LJ &	
(-)			·	_ L., ·
			s	s
Column T	otals		<b>S</b> 0.00	<b>☑</b> \$ 1,485,000.00
Total Payr	ments Listed (column totals add	<b>z</b> s <u> </u>	1,485,000.00	
		D. FEDERAL SIGNATURE		
ignature const	itutes an undertaking by the iss	ed by the undersigned duly authorized person. If in undersigned to the U.S. Securities and Exchange non-accredited investor pursuant to paragraph (	e Commission, upon writt	
ssuer (Print o	r Type)	Signature	Date	
Harbor Tech	nologies, LLC	Mark I Sim	10/dane	12008
Name of Signe	r (Print or Type)	Title of Signer (Print or Type)		
Martin Grimi	nes	Chief Executive Officer		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)