



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 2007

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

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.

|                                                                                                                                                                                                               |       |                                                                                                                    |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------|--------------|
| 1. ID No.<br>112336                                                                                                                                                                                           |       | 2. Exact name of the limited liability company<br>BEST WAY, LLC                                                    |              |
| 3. State of Formation<br>RHODE ISLAND                                                                                                                                                                         |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>BOAT CHARTERS |              |
| 5. Principal office address<br>11 MEMORIAL BOULEVARD                                                                                                                                                          |       | City<br>NEWPORT                                                                                                    | State<br>RI  |
|                                                                                                                                                                                                               |       | Zip<br>02840                                                                                                       |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                    |              |
| Contact Name<br>JAMES F. HYMAN                                                                                                                                                                                |       | Contact Title<br>ESQ.                                                                                              |              |
| Street Address<br>11 MEMORIAL BOULEVARD                                                                                                                                                                       |       | City<br>NEWPORT                                                                                                    | State<br>RI  |
|                                                                                                                                                                                                               |       | Zip<br>02840                                                                                                       |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                    |              |
| Manager Name<br>N/A                                                                                                                                                                                           |       | Manager Name                                                                                                       |              |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                     |              |
| City                                                                                                                                                                                                          | State | City                                                                                                               | State        |
| Zip                                                                                                                                                                                                           |       | Zip                                                                                                                |              |
| Manager Name                                                                                                                                                                                                  |       | Manager Name                                                                                                       |              |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                     |              |
| City                                                                                                                                                                                                          | State | City                                                                                                               | State        |
| Zip                                                                                                                                                                                                           |       | Zip                                                                                                                |              |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11                                                                                                      |       |                                                                                                                    |              |
| Agent Name<br>JAMES F. HYMAN, ESQ.                                                                                                                                                                            |       | Address                                                                                                            |              |
| Address<br>11 MEMORIAL BOULEVARD                                                                                                                                                                              |       | City<br>NEWPORT                                                                                                    | Zip<br>02840 |

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

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | OCT 18 2007 |
| Check No.                       |             |
| By:                             | By 7340     |
| 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.

*W. Roessel* 10/05/07  
Signature of Authorized Person Date

**WOLFGANG ROESSEL, MEMBER**

Print or Type Name of Authorized Person