



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *84420*		2. Name of Corporation RAGA III, INC.	
3. Street Address Principal Business Office 222 JEFFERSON BLVD		City WARWICK	State RI
4. Business Phone No. 4017378484		5. State of Incorporation RHODE ISLAND	
		Zip 02888	6. SIC Code 6551

7. Brief Description of the Character of Business Conducted in Rhode Island  
**THE OWNERSHIP AND OPERATION OF MARINE VESSELS.**

8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT T. BUTLER			Vice President Name DAVID SAMMONS		
Street Address 222 JEFFERSON BOULEVARD			Street Address 222 JEFFERSON BOULEVARD		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
Secretary Name NICHOLAS TENORE/ ROBERT T. BUTLER, ASS'T SEC.			Treasurer Name MICHAEL K. LEWIS		
Street Address 222 JEFFERSON BOULEVARD			Street Address 222 JEFFERSON BOULEVARD		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888

9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ROBERT T. BUTLER			Director Name		
Street Address 222 JEFFERSON BOULEVARD			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			200	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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\*\*84420\* 1/31/033:53:18 PM\*

File Date 2/23/04

Check No. 1538

By: SC

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.

Michael K. Lewis 2/20/04

Signature of Officer Date

**Michael K. Lewis**

Print or Type Name of Officer

**Treasurer**

Title of Officer