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 2003

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*
84420	RAGA III, INC.

3. Street Address Principal Business Office	*City*	*State*	*Zip*
222 JEFFERSON BLVD	WARWICK	RI	02888

4. Business Phone No.	*5. State of Incorporation*	*6. SIC Code*
4017378484	RHODE ISLAND	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)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	*Vice President Name*
ROBERT T. BUTLER	DAVID SAMMONS
Street Address	*Street Address*
222 JEFFERSON BOULEVARD	222 JEFFERSON BOULEVARD
City / State / Zip	*City / State / Zip*
WARWICK / RI / 02888	WARWICK / RI / 02888
Secretary Name	*Treasurer Name*
NICHOLAS TENORE/ ROBERT T. BUTLER, ASS'T SEC.	MICHAEL K. LEWIS
Street Address	*Street Address*
222 JEFFERSON BOULEVARD	222 JEFFERSON BOULEVARD
City / State / Zip	*City / State / Zip*
WARWICK / RI / 02888	WARWICK / RI / 02888

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	*Director Name*
ROBERT T. BUTLER	
Street Address	*Street Address*
222 JEFFERSON BOULEVARD	
City / State / Zip	*City / State / Zip*
WARWICK / RI / 02888	
Director Name	*Director Name*
Street Address	*Street Address*
City / State / Zip	*City / State / Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐			**11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐		
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*

[redacted] *84420

**84420* 1/31/033:53:18 PM*
File Date 2/19/03
Check No. 1473
By: [signature]
FOR SECRETARY OF STATE USE ONLY

[redacted]

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] 2/7/03
Signature of Officer *Date*
Michael K. Lewis
Print or Type Name of Officer
[redacted] Treasurer
Title of Officer

Form 630 12/01