



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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

222 Jefferson Boulevard

City

Warwick

State

RI

Zip

02888

4. Business Phone No.

737-8484

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

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

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**

Treasurer Name

Michael K. Lewis

Assistant: **Robert T. Butler**

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)

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

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR COMMON

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

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



* 8 4 4 2 0 *

File Date:

4/25/99

Check No.:

1096

By:

[Signature]

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]

3/1/99

Signature of Officer

Date

MICHAEL K. LEWIS

Print or Type Name of Officer

TREASURER

Title of Officer