



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 101045		2. Exact name of the limited liability company Navigator Investments, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT CONSULTING.			
5. Principal office address 10 WEYBOSSETT STREET			City PROVIDENCE	State RI	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MANAGER			Contact Title		
Street Address 10 WEYBOSSETT STREET			City PROVIDENCE	State RI	Zip 02903-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Lesley W. Sheeley, II			• Manager Name		
Street Address 10 Weybosset Street			• Street Address		
City Providence	State RI	Zip 02903	• City	• State	• Zip
• Manager Name			• Manager Name		
• Street Address			• Street Address		
City	State	Zip	• City	• State	• 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 JOHN E. BULMAN			Address 72 PINE STREET		
Address			City PROVIDENCE	Zip 02903	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 0 1 0 4 5

101045 DLLC 09/05/03 09:07:38 AM

File Date 10/22/03

Check No. 3875

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] 5
Signature of Authorized Person

9/26/03
Date

Lesley W. Sheeley, II
Print or Type Name of Authorized Person