



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 106700		2. Exact name of the limited liability company Skydive Newport, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SKYDIVING BUSINESS	
5. Principal office address NEWPORT STATE AIRPORT		City MIDDLETOWN	State RI
			Zip 02842-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name MARC TRIPARI		Contact Title	
Street Address PO BOX 6162		City MIDDLETOWN	State RI
			Zip 02842-
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		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
• Manager Name	• State	• Zip	• Manager Name
Street Address		• Street Address	
City	State	Zip	• City
State		Zip	• State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MARK B. BARDORF, ESQ.		Address	
Address		36 WASHINGTON SQUARE	
		City NEWPORT	Zip 02840

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



1 0 6 7 0 0

106700 DLLC 09/08/05 03:09:10 PM	
File Date	10/19/05
Check No.	2584
By:	
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 of Authorized Person 10-8-05
Date
Print or Type Name of Authorized Person
MARC TRIPARI