



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. <b>128400</b>		2. Exact name of the limited liability company <b>Bucket Regatta, LLC</b>		
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>MARINE ACTIVITIES</b>		
5. Principal office address <b>420 Angell Street</b>		City <b>Providence</b>	State <b>R. I.</b>	Zip <b>02906</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name <b>David J. McOsker, Esq.</b>		Contact Title <b>Attorney</b>		
Street Address <b>420 Angell Street</b>		City <b>Providence</b>	State <b>R. I.</b>	Zip <b>02906</b>
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	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	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 <b>DAVID J. MCOSKER, ESQ.</b>		Address		
Address <b>420 ANGELL STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02906-</b>	

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



\*128400\*

File Date	<b>FILED</b>
Check No.	<b>JAN 11 2006</b>
By:	<b>By [Signature]</b>
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]** 1/10/06  
Signature of Authorized Person Date

**HENRY F. HALSTED, Member**  
Print or Type Name of Authorized Person