



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

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River Street, Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

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

1. ID No. 140001		2. Exact name of the limited liability company Rockport Fish Company, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Maritime trades	
5. Principal office address 3852 MAIN ROAD/RICHARD S. HUMPHREY		City TIVERTON	State RI
		Zip 02878-	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>			
Contact Name David M. Bohannon		Contact Title attorney	
Street Address 205 Church Street, Suite #506		City New Haven,	State CT
		Zip 06510	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> 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 (c) (2) / 7-16-52			
Manager Name Darren Casey		• Manager Name .	
Street Address 814 Arion Parkway, #200		• Street Address .	
City San Antonio	State TX	Zip 78216	• City .
Manager Name .....		• Manager Name .....	
Street Address .....		• Street Address .....	
City .....	State .....	Zip .....	• City .....
.....		• State .....	
.....		• Zip .....	
<b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>			
Agent Name RICHARD S. HUMPHREY, ESQ.		Address 3852 MAIN ROAD	
Address .....		City TIVERTON	Zip 02878-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



1 4 0 0 0 1

\*140001 DLLC 10/30/06 10:29:46 PM\*  
**FILED**  
 File Date \_\_\_\_\_  
 Check No. **NOV 01 2006**  
 By: **W-7374**  
 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 \_\_\_\_\_ Date **10/30/06**  
 David M. Bohannon, Its attorney  
 Print or Type Name of Authorized Person

2006 NOV - 1 AM 9:55  
 RECEIVED  
 DEPT. OF STATE  
 CORP. DIVISION