

Manhew 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 2004

COMMITTED ALL	PED OR PRINTED IN B	(LACA)					
<i>ID No.</i> 21305	2. Exact name of the LIBERTY MARI	limited liabilty company					
tate of Formation			ne business which is actually conducted li	n Rhode Island			
HODE ISLAND	MATTE	AND OPERATING OF	SAILING VESSELS				
Principal office odd 5 INDUSTRIAI			City CANTON	State MA	Zip 02021		
MANAGADI	nes de l'ordi	personari con					
ntact Name OHN S. DESMO	. סאס		Contact Title MANAGER		<u> 1: </u>		
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nuger Nome	,		· Monager Name				
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eni Name NORMAN C. SP Idress NE CITIZENS		o BURNS & LEVINS	ON LLP City PROVIDENCE	Zip 0290	15 fills 1.		
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				LILED	©		
iis report must b	ne signed in ink by	v an authorized perso	n pursuant 10 7-16-66.	AUG 1 5 2005	G		
iis report must b	ne signed in ink by	y an authorized perso	n pursuant to 7-16-66.		©		
his report must b	be signed in ink by	y an authorized perso.	n pursuant to 7-16-66.		CS		
his report must t	be signed in ink by	y an authorized perso.	Under penalty of per this report, including		nat I have examined ales and statements,		
File Date	1 2 1 3 0	<u> </u>	Under penalty of per this report, including and that all statemen	AUG 15 2005 Y 72.95 jury, I declare and affirm the any accompanying schedults contained herein are true	nat I have examined iles and statements,		
his report must b	1 2 1 3 0	y an authorized person	Under penalty of per this report, including and that all statemen	AUG 15 2005 y 7 7295 jury, I declare and affirm the any accompanying schedults contained herein are true Market State of the second schedules are true Market Sta	nat I have examined ales and statements, and correct.		



1. ID No.

STATE OF RHODE ISLAND . AND PROVIDENCE PLANTATIONS

2. Exact name of the limited liabilty company

Office of the Secretary of State

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 632 Rev. 6/02

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR-Filing Period: September 1 - November 1 • Filing Fee: \$50.00

*121305 *	Libert	y Marine, LLC					
. State of Formation		4. Brief description of	f the character of the b	rusiness which is actually conduc	cted in Rhode Island		
RHODE ISLAND		owning a	nd operation		Vessels.		
Principal office addre 5 INDUSTRIAL		J	,	CANTON	State MA		Zip 02021 -
. MAILING ADDR	ESS C	FLIMITED LIA	BILITY COMPAN	Y AND NAME OR TITI	E_OF CONTACT	PERSON:	
ontact Name			_ ,,,,,	Contact Title			
ohn S. Desmor	nd			.Manager			
rce: Address				Ciry	State		Zip
5 INDUSTRIAL				. CANTON	MA		02021-
NAME AND ADI	RESS		GER OF THE LISBEFORE USING	IMITED LIABILITY CO ATTACHMENTS ("X" BO)MPANY, IF APPL <i>X FOR ATTACHMENT</i>		
	ANY M	DDIFICATIONS TO A	MANAGERS REQUIR	RES FILING OF AMENDMEN	T. R.I.G.L 7-16-12 (a)	(2) / 7-16-52	
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ohn S. Desmor	nd			•			
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5 INDUSTRIAL	DRIVE	È		•			
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ANTON		MA	02021	•			
anager Name	• • •	,		Manager Name		• • • • • •	
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RESIDENT AGEN	T IN RI	HODE ISLAND -DO	O NOT ALTER- Cha	inges require filing of	Form 642 - R.I.G	7-16-11	
CORPORATION S	eenviid	CE COMBANY			TER STREET, S	מודיב פחח	
	SERVII	SE COMPANT			TER STREET, S		
ddress				City		Zip	
				PROVIDENCE		02903-	
his report must be	signed	in ink by an au	thorized person p	ursuans so 7-16-66.			
	1 2	1 3 0 5	!		f perjury, I declare and		
*121305 DLLC7#	1/033·	00.22 01.1	¬		iding any accompanyi ements contained here		
File Date 4	-/6	1.05		Spl1.	Dural.	NEN 7,	16/03
Check No.	_/\	100		Signature of Auth	orized Person	Date	
θ <u>γ;</u>		- a-		Print or Type Na	: () ETMOND me of Authorized Person	<u> </u>	
FOR SECRETARY OF	STATE 1	JSE ONLY			,		Form 632 Rev.



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, R! 02903-1335 401.222.3040

Form 632 Rev. 6/02

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002 Filing Period: September 1 - November 1 • Filing Fce: \$50.00

	ED OR PRINTED IN BL					
<i>I. ID No.</i> *121305*	2. Exact name of the li Liberty Marine, L					
3. State of Formation	1		he business which is actually condu	icted in Rhode Island		
RHODE ISLAND						
S. Principal office addr			City	State	Zip	
35 INDUSTRIAL		<u> </u>	CANTON	MA	02021-	
6: MAILING'ADD	RESS OF LIMITE	LIABILITY COMP.	ANY AND NAME OR TITI Contact Title	LE OF CONTACT	PERSON:	
John S. Desmo	ond		Manager			
Street Address			Ciry	State	Zip	
35 INDUSTRIAL			. CANTON	MA	02021-	
, name and ad	VETT 1	PACIES PERODE HEIN	LIMITED LIABILITY OF CATTACHMENTS ""X" BO UIRES FLING OF AMENDMEN	N FOR ATTACHMEN	75 □ ` Y \$ \$ ` X	
Manager Name			• Manager Name			
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Manager Name	• • • • • • • • • •		*Manager Name	• • • • • • • • • •		
ireei Address			•Street Address			
City	Store	Zip	*City	State	Zip	
RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- CR. geni Name CORPORATION SERVICE COMPANY ddress			Address 170 WESTMINSTER STREET, SUITE 900 City Zip			
ide/ESJ			PROVIDENCE		02903-	
This report must be	e signed in ink by o	n authorized person	s pursuant to 7-16-66.		i	
*121305 DLLC7/	1 2 1 3 O	n authorized person	Under penalty o this report, inclu		d affirm that I have examined ng schedules and statements, n are true and correct.	
*121305 DLLC7/	1 2 1 3 O	in authorized person	Under penalty o this report, inclu	iding any accompanyi ments contained herei	d affirm that I have examined agreements,	
*121305 DLLC7/	1 2 1 3 O	in authorized person	Under penalty of this report, inclusion and that all state of Authority Signature of Authority Signature of Authority Signature of Authority Signature Signa	iding any accompanyi ments contained herei	d affirm that I have examined ing schedules and statements, in are true and correct. NEN 7/16/03	