



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 121305		2. Exact name of the limited liability company LIBERTY MARINE, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING AND OPERATING OF SAILING VESSELS	
5. Principal office address 35 INDUSTRIAL DRIVE		City CANTON	State MA Zip 02021
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name JOHN S. DESMOND		Contact Title MANAGER	
Street Address 35 INDUSTRIAL DRIVE		City CANTON	State MA Zip 02021
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY AND IF APPLICABLE, ANY DISPOSABLE TRUSTS, TRUSTS, OR ESTATES			
MAN MANAGER			
Manager Name JOHN S. DESMOND		Manager Name	
Street Address 35 INDUSTRIAL DRIVE		Street Address	
City CANTON	State MA	Zip 02021	City CANTON
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Agent Name NORMAN C. SPECTOR, ESQ., c/o BURNS & LEVINSON LLP		Address	
Address ONE CITIZENS PLAZA		City PROVIDENCE	Zip 02903

FILED

AUG 15 2005

By DA
C 74295

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



1 2 1 3 0 5

File Date	11:17
Check No.	
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

Date

JOHN S. DESMOND

Print or Type Name of Authorized Person

Form 632 Rev. 6/02



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
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Matthew A. Brown, Secretary of State
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100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ~~2002~~ 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *121305*		2. Exact name of the limited liability company Liberty Marine, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island owning and operating of sailing vessels.	
5. Principal office address 35 INDUSTRIAL DRIVE		City CANTON	State MA Zip 02021-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John S. Desmond		Contact Title Manager	
Street Address 35 INDUSTRIAL DRIVE		City CANTON	State MA Zip 02021-
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 John S. Desmond		Manager Name	
Street Address 35 INDUSTRIAL DRIVE		Street Address	
City CANTON	State MA	City 02021	State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 CORPORATION SERVICE COMPANY		Address 170 WESTMINSTER STREET, SUITE 900	
Address		City PROVIDENCE	Zip 02903-

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



* 1 2 1 3 0 5 *

*121305 DLLC741/033-00-22 0000
File Date <u>4-19-03</u>
Check No. <u>104105</u>
By: <u>[Signature]</u>
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] 7/16/03
Signature of Authorized Person Date
JOHN S. DESMOND
Print or Type Name of Authorized Person



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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 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *121305*		2. Exact name of the limited liability company Liberty Marine, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island	
5. Principal office address 35 INDUSTRIAL DRIVE		City CANTON	State MA Zip 02021-
16. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John S. Desmond		Contact Title Manager	
Street Address 35 INDUSTRIAL DRIVE		City CANTON	State MA Zip 02021-
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 John S. Desmond		Manager Name	
Street Address 35 INDUSTRIAL DRIVE		Street Address	
City CANTON	State MA	Zip 02021	City CANTON
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Agent Name CORPORATION SERVICE COMPANY		Address 170 WESTMINSTER STREET, SUITE 900	
Address		City PROVIDENCE	Zip 02903-

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



* 1 2 1 3 0 5 *

121305 DLLC7/11/033:09:33 PM
File Date <u>8-7-03</u>
Check No. <u>1011</u>
By: <u>[Signature]</u>
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] 7/16/03
Signature of Authorized Person Date
JOHN S. DESMOND
Print or Type Name of Authorized Person