



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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 101405		2. Exact name of the limited liability company Marine Consignment of Wickford, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATION OF MARINE CONSIGNMENT STORES			
5. Principal office address 7725 Post Road		City North Kingstown	State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Katherine Angelini		Contact Title Vice President			
Street Address 210 Butternut Dr.		City North Kingstown	State RI	Zip 02852	
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 Settimio Angelini		Manager Name Settimio Angelini			
Street Address 210 Butternut Dr.		Street Address 210 Butternut Dr.			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Manager Name Katherine Angelini		Manager Name Katherine Angelini			
Street Address 210 Butternut Dr.		Street Address 210 Butternut Dr.			
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name HASLAW, LLC		Address ATTN: SECRETARY			
Address 1500 FLEET CENTER		City PROVIDENCE	Zip 02903		

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



File Date	11/17	*101405*
Check No.	12203	
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.

10-20-05
Signature of Authorized Person Date
Katherine Angelini
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
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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 101405		2. Exact name of the limited liability company Marine Consignment of Wickford, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATION OF MARINE CONSIGNMENT STORES	
5. Principal office address 7725 Post Road		City North Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Settimio Angelini		Contact Title President	
Street Address 7725 Post Road		City N. Kingstown	State RI
		Zip 02852	
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 Settimio J. Angelini		Manager Name Katherine Angelini	
Street Address 210 Butternut Dr.		Street Address 210 Butternut Dr	
City N. Kingstown	State RI	City N. Kingstown	State RI
Zip 02852		Zip 02852	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 HASLAW, LLC		Address ATTN: SECRETARY	
Address 1500 FLEET CENTER		City PROVIDENCE	Zip 02903

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



* 1 0 1 4 0 5 *

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.

File Date	11/23/04
Check No.	10382
By:	W.
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person: Katherine Angelini Date: 11-20-04
Print or Type Name of Authorized Person: Katherine Angelini



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

Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <u>101405</u>		2. Exact name of the limited liability company <u>Marine Consignment of Wickford LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Retail Sales of used Marine Hardware</u>	
5. Principal office address <u>7725 Post Rd.</u>		City <u>North Kingstown</u>	State <u>RI</u>
		Zip <u>02852</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Sethina Angelini</u>		Contact Title <u>President</u>	
Street Address <u>7725 Post Rd.</u>		City <u>North Kingstown</u>	State <u>RI</u>
		Zip <u>02852</u>	
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 <u>Kathy Angelini</u>		• Manager Name <u>Everett Fernald</u>	
Street Address <u>210 Butternut Dr.</u>		• Street Address <u>320 Boston Neck Rd</u>	
City <u>North Kingstown</u>	State <u>RI</u>	City <u>North Kingstown</u>	State <u>RI</u>
Zip <u>02852</u>		Zip <u>02852</u>	
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	City	State
Zip		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 <u>Halscar LLC</u>		Address	
Address <u>1500 Fleet Center</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02903</u>	

FILED

AUG 26 2003

By DA #55
C 4031

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

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.

Sam Angelini 08-26-03
Signature of Authorized Person Date
Sam Angelini
Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY



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

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. <u>101405</u>		2. Exact name of the limited liability company <u>Marine Consignment of Wickford LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Retail Sales of used Marine Hardware</u>	
5. Principal office address <u>7725 Post Rd.</u>		City <u>North Kingstown</u>	State <u>RI</u>
		Zip <u>02852</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Sethina Angelini</u>		Contact Title <u>President</u>	
Street Address <u>7725 Post Rd.</u>		City <u>North Kingstown</u>	State <u>RI</u>
		Zip <u>02852</u>	
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 <u>Kathy Angelini</u>		Manager Name <u>Everett Fernald</u>	
Street Address <u>210 Butternut Dr.</u>		Street Address <u>300 Boston Neck Rd</u>	
City <u>North Kingstown</u>	State <u>RI</u>	City <u>North Kingstown</u>	State <u>RI</u>
Zip <u>02852</u>		Zip <u>02852</u>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 842 - R.I.G.L. 7-16-11			
Agent Name <u>Haslow LLC</u>		Address	
Address <u>1500 Fleet Center</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02903</u>	

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

FILED
AUG 26 2003
By DA #55
C.4031

RECEIVED
SECRETARY OF STATE
AUG 26 12 39 PM '03

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] 08-26-03
Signature of Authorized Person Date
Sam Angelini
Print or Type Name of Authorized Person

File Date _____
Check No _____
By _____
FOR SECRETARY OF STATE USE ONLY



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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 101405		2. Exact name of the limited liability company Marine Consignment of Wickford LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Retail Sales of used Marine Hardware	
5. Principal office address 7725 Post Rd.		City North Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Settimio Angelini		Contact Title President	
Street Address 7725 Post Rd.		City North Kingstown	State RI
		Zip 02852	
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 Kathy Angelini		• Manager Name Everett Fernald	
Street Address 210 Butternut Dr.		• Street Address 320 Boston Neck Rd	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 842 - R.I.G.L. 7-16-11			
Agent Name Hassan LLC		Address	
Address 1500 Fleet Center		City Providence	State RI
		Zip 02903	

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

FILED

AUG 26 2003

By Settimio Angelini
C4031

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION
AUG 26 12 39 PM '03

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.

Settimio Angelini 08-26-03
Signature of Authorized Person Date
Settimio Angelini
Print or Type Name of Authorized Person

File Date _____
Check No _____
By _____
FOR SECRETARY OF STATE USE ONLY



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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <u>101405</u>		2. Exact name of the limited liability company <u>Marine Consignment of Wickford LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Retail Sales of used Marine Hardware</u>	
5. Principal office address <u>7725 Post Rd.</u>		City <u>North Kingstown</u>	State <u>RI</u>
		Zip <u>02852</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Sethmie Angelini</u>		Contact Title <u>President</u>	
Street Address <u>7725 Post Rd.</u>		City <u>North Kingstown</u>	State <u>RI</u>
		Zip <u>02852</u>	
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 <u>Kathy Angelini</u>		Manager Name <u>Everett Fernald</u>	
Street Address <u>210 Butternut Dr.</u>		Street Address <u>320 Boston Neck Rd</u>	
City <u>North Kingstown</u>	State <u>RI</u>	City <u>North Kingstown</u>	State <u>RI</u>
Zip <u>02852</u>		Zip <u>02852</u>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 842 - R.I.G.L. 7-16-11			
Agent Name <u>Haslow LLC</u>		Address	
Address <u>1500 Fleet Center</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02903</u>	

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

File Date
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] 08-26-03
Signature of Authorized Person Date
Sethmie Angelini
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number LL 101405

Annual Report for the year 1999

1. The name of the limited liability company is:
Marine Consignment of Wickford, LLC
2. The address of the principal office of the limited liability company is:
125 Steamboat Avenue, Wickford, RI 02852
3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island
4. The name and address of its resident agent is: Sandra Matrone Mack, Sec., HASLAW, LLC
Hinckley, Allen & Snyder LLP 1500 Fleet Center, Providence, RI 02903
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Jonathan Bell, Esq.
1500 Fleet Center, Providence, RI 02903
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Operation of marine consignment stores
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

<i>Name</i>	<i>Address</i>
<u>Katherine B. Angelini</u>	<u>320 Boston Neck Road, Wickford, RI 02852</u>
<u>Settimio J. Angelini</u>	<u>320 Boston Neck Road, Wickford, RI 02852</u>
<u>Everett H. Fernald, Jr.</u>	<u>7 Wellington Road, Lincoln, RI 02865</u>

Dated Oct 26, 19 99

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.

FILED

OCT 28 1999

By [Signature]

Marine Consignment of Wickford, LLC

Exact Name of Limited Liability Company

By [Signature]

Sandra Matrone Mack, Sec HASLAW LLC

Registered Agent

Title