

## 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 (1291)3-1335 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) 2. Exact name of the limited liability company Marine Consignment of Wickford, LLC 101405 4 Brief description of the character of the business which is actually conducted in Rhode Island OPERATION OF MARINE CONSIGNMENT STORES 3. State of Formation **RHODE ISLAND** 5. Principal office adderss 02852 14 Mystown NOHA 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Vice 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) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Street Address State Zip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Agent Name HASLAW, LLC ATTN: SECRETARY Address Z.ip PROVIDENCE 1500 FLEET CENTER 02903

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

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File Date	 	Signature of Au	な
Ву:	FOR SECRETARY OF STATE USE ONLY	Print or Type	Nam

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

Print or Type Name of Authorized Person



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown. Secretary of State

Corporations Division-100 North Math Street Providence, RI 02903-1335 401.222.3040

2004

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_

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8. RESIDENT AGEN Agent Name	T IN RH	I ODE ISLAND	l - DO NOT ALTER - Chai	nges require filing of Fo	rm 642 - R.I.G.L. 7-	16-11			
HASLAW, LLC				ATTN: SECRETARY		<del></del>			
Address				City	Z.ip				
1500 FLEET CENTER	_		·	PROVIDENCE	<del>_</del>	02903			
		This report i	nust be signed in ink by	an authorized person pursi	uant to R.I.G.L. 7-16-	-66.			
	* 1	0 1 4 0	5 *	including any a	of perjury. I declare and accompanying schedules in are true and correct.	affirm that I have examined this reports and statements, and that all statements			
File Date 11 33 89  Check No. 1038 2				Signature of Authorized Person Date					
By:	ARY OF ST	ATE USE ONLY		Kather	ine Angelini ane of Authorized Person	<u> </u>			
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\* STATE OF RHODE ISLAND
\* AND PROVIDENCE PLANTATIONS
\* Office of the Secretary of Secretary

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

## MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 203

iling Period: Septer	D OR PRINTED IN BL.					
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8. RESIDENT AGEN  Gent Name	TIN RHOOF ISLAT	ND DO NOT ALTER C	City  City  Constant to 7-16-66.  Under penalty of this report, included that all states	FILE AUG 26 By 14 = 0 of perjury, I declare a uding any accompany ements contained here	Zip  2003  And affirm that I he ying schedules are in are true and a date.	ave examined and statements,



Secretary of State
Corporations Division
JOO 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 BLACE) 2. Exact name of the limited liabilty company I. ID No. Marine Consignment of Wickford LL

[4. Brief description of the character of the business which is actually conducted in Rhode Islam Wickfura 101405 3. State of Formation Usca 5. Principal office address 02852 159 1725 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Title Contact Name Street Address C 5825 7725 7. Name and address of each manager of the limited liability company, if applicable FILL IN SPACES BEFORE USING ATTACIMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.LG.L. 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name ernald Street Address Street Address 320 210 Manager Name Manager Name ·Street Address Street Address City State State Zip 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER: Changes require filing of Form 842-RLGL 7-16-11 Agent Name ta SL Address 500 92902 This report must be signed in ink by an authorized person pursuant to 7-16-66. Under penalty of penjury, 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 of Authorized Perso Signature Check No FOR SECRETARY OF STATE USE ONLY Form 632 Rev. 6/02



## \* 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

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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

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6. MAILING ADD	RESS OF LIMITED	LIABILITY COMP.	ANY AND NAME OR TIT	LE OF CONTACT PERS	SONI
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By:		<del></del> ]	Print or Type N	ame of Authorized Person	
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### 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 Nun	nber _	LL 101405		Annual Report for the year 1999			
		ne of the limited liabili					
	The address of the principal office of the limited liability company is:  125 Steamboat Avenue, Wickford, RI 02852						
_	The state or other jurisdiction under the laws of which it is formed is:  Rhode Island						
	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						
	The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:						
	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 lin	nited liability compan Name	y has managers,	the name and address of each manager of the limited liability company  Address			
H	Katherir	ne B. Angelini	3	320 Boston Neck Road, Wickford, RI 02852			
-5	Settimic	J. Angelini		320 Boston Neck Road, Wickford, RI 02852			
Ē	Everett	H. Fernald, Jr.	<del></del>	Wellington Road, Lincoln, RI 02865			
Dated	Oct	.1	<u> </u>	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	,	Marine Consignment of Wickford, LLC			
		OCT 2 8 1999	1	Exact Name of Limited Liability Company			
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		By	<del>`</del>	Registered Agent			
		<b>\</b> _		Title			

Form No. LLC-19 Revised 8/97