

STATE OF RHODE ISLAND AND PROVIDENCE PLANT ATIONS 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 2005

| 44000= | 2. Exact name of the li | ACK) mited hability company | | | <u></u> | |
|-----------------------------------|-------------------------|-----------------------------|---|-----------------------|----------------|--|
| 116307 | Melville Marine C | | | | | |
| 3. State of Formation | 4. Brief descrip | otion of the character of t | he business which is actually conducted | in Rhode Island | <u> </u> | |
| Rhode Island | Sale and | service of mari | ne products | | | |
| 5. Principal office addr | | | City | State | Zip | |
| 3 Maritime Drive, Ste #6 | | | Portsmouth | RI | 02871 | |
| 6. MAILING ADD Contact Name | RESS OF LIMITED | LIABILITY COMP | ANY AND NAME OR TITLE | OF CONTACT P | ERSON: | |
| Terri Cortvri | | | Contact Title | • | | |
| Street Address | | | Cin | | | |
| 3 Maritime Drive, Ste #6 | | | City Portsmouth | Siale RI | Zip | |
| 7. NAME AND AD | DRESS OF EACH M | ANAGER OF THE | LIMITED LIABILITY COM | JAA | 02871 | |
| | LIPE III 2 | LVCP BEFORE ONL | G ATTACHMENTS /"X" ROY F | OR ATTACUMENTS | | |
| | ANY MODIFICATIONS | TO MANAGERS REQ | UIRES FILING OF AMENDMENT. R | LJ.G.L 7-16-12 (a) (2 |) / 7-16-52 | |
| lanager Name | | | · Manager Name | - 1-712 | | |
| Stand Add | | | • | | | |
| Street Address | | | · Street Address | | | |
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| lunager Name | | • • • • • • • • • • • | | | | |
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| ireei Address | | | Street Address | | _ _ | |
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| ity | State | Zip | City | State | Zip | |
| Kenneth R. Dolbas | shian, Esq | | Address 171 Chase Road | | | |
| .O. Box 8 | | | | | Zip | |
| 7.0. Box 8 | | | Portsmouth 02 | | 02871 | |
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| LD STATE STATE STATE OF AN II: 40 | signed in ink by an | authoriz ed person j | pursuant to 7-16-66. | | | |



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

Matthew A. Brown, Secretory 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

| I. ID No. | 1.5 | RINTED IN BLACK) | | | | | |
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| 116307 | Melvi | or name of the limited ille Marine Cente | liubiliy company r. T.C. | | | | |
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| Rhode Island | | Sale and ser | vice of marin | e products | in knode island | | |
| Principal office ad | | | | City | Siare | | |
| 3 Maritime D | | | | Portsmouth | lri | <i>Zip</i> 02871 | |
| 6. MAILING AD | DRESS (| OF LIMITED LIA | BILITY COMPA | NY AND NAME OR TITLE | OF CONTACT PE | PSON: | |
| <i>Contact Name</i> Cerri Cortvr | | | | Contact Title | | | |
| ireet Address | | | | • | | | |
| 3 Maritime Drive, Ste #6 | | | City Portsmouth | State | Zip | | |
| _ | | | AGER OF THE I | LIMITED LIABILITY COMP | RI | 02871 | |
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| reel Address | | - | | <u>:</u> | | | |
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| enneth R. Dolba | ashian, E | sq | | 171 Chase Road | | | |
| fdress | | | | City | Zij | | |
| .O. Box 8 | | | | Portsmouth | 1 ' | 2871 | |
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| VICE STATE 11-CO STATE 12-CO STATE 13-CO | | in ink by an auth | orized person p | ursuani io 7-16-66. | | n that I have examined | |

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Form 632 Rev. 6/02



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 2003 Filing Period: September 1 - November 1 • Filing Fee: \$50,00

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| RHODE ISLAND | SALE AND | SERVICE OF MAR | INE PRODUCTS | AL SHOWE STRAIN | | | |
| Principal office address | | | City | Stota | Zip | | |
| MARITIME DRIVE SUITE 6 | | | PORTSMOUTH | RI | 02871- | | |
| Contact Name | | | | | | | |
| ERRI CORTVRIE | מא | | Contact Title | | | | |
| real Address | | | City | State | Zip | | |
| MARITIME DRIVE | | The state of the San College of the | . Portsmouth | RI | 02871- | | |
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| ENNETH R. DOLBA | ASHIAN, ESQ. | ##################################### | Address P.O. BOX 8 | | | | |
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| /I CHASE RUAD | <u> </u> | | PORTSMOUTH | 02 | 071- | | |
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| s report must be sigi | ned in ink by an | authorized person | pursuant to 7-16-66. | | | | |
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| | | | Under penalty of perio | ry, I declare and affirm | short have | | |
| | • | | this report/including a | ny accompanying scho | dules and statements | | |
| 16307 DLLC 09/23/ | 03 03:24:59 PM | • | and that all statements | contained herein are tr | ue and correct. | | |
| le signe 1 24 (| 25 :- / | | Vinaia (Mi | | 11/2/20 | | |
| ect No. 04 | / | | Signature of Authorized 1 | Cesson Cesson | 10/01/03 | | |
| 9 | V | _ | T-22: / | , | Date | | |
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| R SECRETARY OF STATE | E USE ONLY | 1 | Print or Type Name of As | MITOTURE I'ETSON | | | |



Edward S. Inman, III, 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: Septe | ember 1 - | November 1 • | Filing Fee: \$50.00 | LILLIGITIO | | | |
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| (FORM MUST BE TYP | ED OR PRI | NTED IN BLACK) | • | | | | |
| 1. ID No. | 2. Exact n | t name of the limited liabilty company | | | | | |
| 116307 | Melville Marine Center, LLC | | | | | | |
| 3. State of Formation | 1 | l. Brief description of t | he character of the business | which is actually conducted in | Rhode Island | | |
| RHODE ISLAND | | Sale and | service of ma | f marine products | | | |
| 5. Principal office address | | | | City | State | | Zip |
| 3 Maritime Drive, Ste 6 | | | | Portsmouth | RI. | | 02871 |
| | | | | | | ERSON: | • |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPAN' Contact Name | | | | Contact Title | | | <u> </u> |
| Terri Cortvriend | | | | • | | | |
| Sircei Address | | | | City | State | Ī | Zip |
| 3 : | Mariti | me Drive, | Ste 6 | Portsmouth | RI | | 02871 |
| | | | | LIABILITY COMPAN | V IF APPLICA | RIF . | |
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| | ANY MO | | | LING OF AMENDMENT. R.I | • | — | |
| Manager Name | | | | *Manager Name | <u> </u> | ,, | |
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| Manager Name | | • • • • • • • • | J | *Manager Name | | | |
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| 8. RESIDENT AGEN | YT IN RHO | DDE ISLAND-DO | NOT ALTER- Changes | require filling of For | m 642 - R.I.G.L. | 7-16-11 | · /v |
| Agent Name | | ······································ | | Address | | | |
| KENNETH R. DOLBASHIAN, ESQ. | | | | 171 CHASE ROAD | | | |
| Address | | | | City Zip | | | |
| P.O. BOX 8 | | | | ' | , ' | | |
| P.U. BUA 0 | | | | PORTSMOUTH | | 02871- | |
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This report must be signed in ink by an authorized person pursuant to 7-16-66.



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|---------------|-------------------------|
| Check No. | # 5 |
| В <u>у:</u> _ | Qu |
| FOR SECRE | ETARY OF STATE USE ONLY |

| Under penalty of perjury, I declare and a this report, including any accompanying and that all statements constant therein a | schedules and statements, |
|--|---------------------------|
| | 11/25/02 |
| Signature of Authorized Person | Dute |
| Print of Type Name of Authorized Person | |
| | Form 632 Rev. 6/02 |