

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, RJ 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: Septe (FORM MUST BE TYPE	mber I - November	I 🏓 Filing Fee: S	50.00	OK THE YEA	4K	
1. ID No. 111308	2. Exact name of the l. Sea Air Ventures	mited liabilty company				
3. State of Formation	<u> </u>	•	he business which is actually conducte	ed in Rhade Island		
RHODE ISLAND	BOAT CHA	RTERS		a in initial stand		
5. Principal office addre 11 MEMORIAL BI			City NEWPORT	State RI	<i>Zip</i> 02840-	
6. MAILING ADDR Contact Name JAMES F HYMAN	RESS OF LIMITED	LIABILITY COMP	Contact Title Cost Section 1997 ESQ.	OF CONTACT PER	RSON:	
Street Address 11 MEMORIAL BL	VD.		City NEWPORT	State RI	Zip	
7. NAME AND ADD	RESS OF EACH N	ANAGER OF THE	LIMITED LIABILITY COM	I TPANY, IF APPLICA	02840- NBLE	
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City	State	Zip	City	State	Zip	
8. RESIDENT AGEN	 T IN RHODE ISLAN	l D <i>-DO NOT ALTER-</i> C	: hanges require filing of F <i>Addr</i> ess	 	16-11	
JAMES F. HYMAN	I, ESQ.		11 MEMORIAL BO	ULEVARD		
Iddress			City	Zij	0	
- .			NEWPORT	0	2840-	
his report must be s	sig ned in in k by at	1 authorized person	pursuant to 7-16-66.			
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111308 DLL C 09/0 File Daic 100 Check No.	06/05 01:49:12 PN 5/05 5974	i [*]	this report, including and that all statements and that all statements and that all statements are supported by the statements and the statements are supported by the statements are supporte	GINCAVAGE	true and correct. 930/05	
OR SECRETARY OF ST	ATE USE ONLY		Print or Type Name of Authorized Person			



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

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1. <i>ID No.</i> 111308	2. Exact	name of the limited lie	ibility company			
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RHODE ISLAND		Boat Charters	me enuructer of the busine.	ss which is actually conduct	ted in Rhode Island	
Principal office add		<u> </u>		City	State	Zip
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omailing add Ontact Name AMES F HYMAN		F LIMITED LIAB	ILITY COMPANY A	ND NAME OR TITLI	E OF CONTACT	PERSON:
eet Address MEMORIAL B	LVD.			City NEWPORT	State RI	Zip
NAME AND AD		LITT IN STACES	BEFURE USING ATTA	TED LIABILITY CON	MPANY, IF APPL	~ □
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vet Address.	•	-		*Street Address		
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AMES F. HYMA		ODE ISLAND-00	NOT ALTER- Change	s require filing of F Address 11 MEMORIAL BO		L., 7-16-11
aress				City		Zip
				NEWPORT		02840-
RESIDENT AGEN ent Name AMES F. HYMA dress		ODE ISLAND -DO		11 MEMORIAL BO	Form 642 - R.I.G.	L., 7-16-11
is report must be	signed i	n ink by an autho	orized person pursua	nt to 7-16-66		



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

2003

(FORM MUST BE TYPED (OR PRINT	TED IN BLACK)						
1. 113 No 111308	2. Exact Sea	name of the limited liability company a Air Ventures, LLC						
3 State of Formation		4. Brief description of th	e character of the business wh	ich is actually conducted in Rhode Isla	nd		·	
RHODE ISLAND		Boat Char	rters					
5. Principal office address				City	State		ZΨ	
11 Memori 6. MAILING ADDRES	al B	lvd.	COMPANY AND NAME	Newport RI 02840				
Contact Name				Contact Title				
James F.	Hyma	n		Esq.				
Street Address	<u>-</u>			City	Sinte		Zip	
ll Memori	al B	lvd		Newport	RI		02840	
7. NAME AND ADDR	ESS OF	EACH MANAGER (OF THE LIMITED LIABI	LITY COMPANY, IF APPLICA			1 02040	
		FILL IN SPACES	BEFORE USING ATTAC	HMENTS ("X" BOX FOR A	TTACHMENT) 🗆		
	MODII	FICATIONS TO MAN	NAGERS REQUIRES FIL	ING OF AMENDMENT, R.I.G.	L. 7-16-12 (a	1) (2) / 7-16	-52	
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8. RESIDENT AGENT	IN RH	DDE ISLAND - DO	OT ALTER - Changes	: require filing of Form 642 -	1 RIGI 7-1	6.11		
Agent Name				Address				
JAMES F. HYMAN, ESC	2.	<u> </u>						
Address				City		Zip		
11 MEMORIAL BOULE	VARD			NEWPORT 02840-				
								

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

	* 1 1 3 0	8 *
File Date	9-29-03	
Check No.	4733	_
Ву:	AMF.	_
	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 statem	ents, and that all statements
contained herein are true and correct.	over the ties are materially
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The formal	11 7/0 3

Raymond Gineavage, Member

Print or Type Name of Authorized Person



Edward S. Inman, III, 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 (FORM MUST BE TYPED OR PRINTED IN BLACK)

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			Contact Tille ESQ.				AMES F HYMAN		
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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 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

חו	Number	DL I	c 1	11	202
	MUHILLER	ULL	u		Jua

ID	Number <u>DLLC 111308</u>	Annual Report for the year 2001					
1.	The name of the limited liability comp	pany is:					
	Sea Air Ventures, LLC						
2.	The address of the principal office of	the limited liability company is:					
	11 Memorial Boulevard,	Newport, RI 02840					
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND						
4.	The name and address of its residen	t agent is: JAMES F. HYMAN, ESQ.					
	11 MEMORIAL BOULEVARD NEW!	PORT RI 02840-					
5.	The current mailing address of the lin	nited liability company and the name or title of a person to whom communications					
	may be directed are:11 Memor	cial Boulevard, Newport, RI 02840					
	James F. Hyman, Esq.						
 7. 	state: Boat charters	of the business in which the limited liability company is actually engaged in this engagers, the name and address of each manager of the limited liability company Address					
	N/A	N/A					
File	ed 9/18/01 1 1 1 3 0 8 FOR SECRETARY OF STATE USE ONLY Date: 9 - 24-01	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. Sea Air Ventures, LLC Exact Name of Limited Liability Company By Raymond J. Sindavage, Member Title					
Ву:	2.	Form No. 632 Revised 01/99					

DE FACH BOTTOM BEFORE RETURNING