



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 2005**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|   |             |  |             |              |          |
|---|-------------|--|-------------|--------------|----------|
| 1. ID No.<br>135208   |             | 2. Exact name of the limited liability company<br>Dresser Marine, LLC  |             |              |          |
| 3. State of Formation<br>02840  |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Marine Services |             |              |          |
| 5. Principal office address<br>5 Marine Plaza Goat Island   |             | City<br>Newport  | State<br>RI | Zip<br>02840 |          |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |             |  |             |              |          |
| Contact Name<br>J Kent Dresser Jr.  |             | Contact Title<br>Manager   |             |              |          |
| Street Address<br>5 Marine Plaza Goat Island  |             | City<br>Newport  | State<br>RI | Zip<br>02840 |          |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 |             |  |             |              |          |
| Manager Name<br>J Kent Dresser, Jr.   |             | *Manager Name<br>N/A   |             |              |          |
| Street Address<br>5 Marina Plaza Goat Island  |             | *Street Address<br>.   |             |              |          |
| City<br>Newport   | State<br>RI | Zip<br>02840   | City<br>.   | State<br>.   | Zip<br>. |
| Manager Name<br>N/A   |             | *Manager Name<br>N/A   |             |              |          |
| Street Address<br>.   |             | *Street Address<br>.   |             |              |          |
| City<br>.   | State<br>.  | Zip<br>.   | City<br>.   | State<br>.   | Zip<br>. |
| 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11  |             |  |             |              |          |
| Agent Name<br>J Kent Dresser Jr.  |             | Address<br>.   |             |              |          |
| Address<br>5 Marina Plaza Goat Island   |             | City<br>Newport, RI  | State<br>RI | Zip<br>02840 |          |

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05 OCT 17 PM 2:29

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



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**FILED**

File Date OCT 17 2005

Check No. By M80418

By: [Signature]

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]  
Signature of Authorized Person Date

J KENT DRESSER JR  
Print or Type Name of Authorized Person



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**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.<br>135208  |             | 2. Exact name of the limited liability company<br>Dresser Marine, LLC  |                          |              |              |
| 3. State of Formation<br>02840   |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Marine Services |                          |              |              |
| 5. Principal office address<br>5 Marine Plaza Goat Island  |             |  | City<br>Newport          | State<br>RI  | Zip<br>RI    |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |             |  |                          |              |              |
| Contact Name<br>J Kent Dresser Jr.   |             |  | Contact Title<br>Manager |              |              |
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| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |             |  |                          |              |              |
| Manager Name<br>J Kent Dresser, Jr.  |             |  | Manager Name<br>N/A      |              |              |
| Street Address<br>5 Marina Plaza Goat Island   |             |  | Street Address<br>.      |              |              |
| City<br>Newport  | State<br>RI | Zip<br>02840   | City<br>.                | State<br>.   | Zip<br>.     |
| Manager Name<br>N/A  |             |  | Manager Name<br>N/A      |              |              |
| Street Address<br>.  |             |  | Street Address<br>.      |              |              |
| City<br>.  | State<br>.  | Zip<br>.   | City<br>.                | State<br>.   | Zip<br>.     |
| 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11   |             |  |                          |              |              |
| Agent Name<br>J Kent Dresser Jr.   |             |  | Address                  |              |              |
| Address<br>5 Marina Plaza Goat Island  |             |  | City<br>Newport, RI      | Zip<br>02840 |              |

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



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| <b>FILED</b>                    |                 |
| File Date                       | OCT 17 2005     |
| Check No.                       | By: [Signature] |
| By:                             | [Signature]     |
| 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]  
Signature of Authorized Person

10/17/05  
Date

J. KENT DRESSER JR  
Print or Type Name of Authorized Person

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 SECRETARY OF STATE  
 CORPORATIONS DIVISION