



**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. 124309		2. Exact name of the limited liability company Acadia Charters, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BOAT CHARTERS			
5. Principal office address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI	Zip 02840-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAMES F HYMAN		Contact Title ESQ.			
Street Address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI	Zip 02840-	
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 N/A		Manager Name			
Street Address		Street Address			
City		State	Zip	City	
State		City	State	Zip	
Manager Name		Manager Name			
Street Address		Street Address			
City		State	Zip	City	
State		City	State	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 JAMES F. HYMAN, ESQ.		Address 11 MEMORIAL BOULEVARD			
Address		City NEWPORT		Zip 02840-	

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



1 2 4 3 0 9

\*124309 DLLG 08/30/05 10:46:56 AM\*

File Date 10/28/05

Check No. 6218

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] 10/21/05  
Signature of Authorized Person Date

**SARAH SCHROEDER, MEMBER**

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 Main Street, Providence, RI 02903-1335  
401.222.3040

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5. Principal office address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI
		Zip 02840-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JAMES F. HYMAN, ESQ.		Contact Title	
Street Address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI
		Zip 02840	
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Manager Name N/A		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JAMES F. HYMAN, ESQ.		Address 11 MEMORIAL BOULEVARD	
Address		City NEWPORT	Zip 02840-

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



1 2 4 3 0 9

*124309 DLLC 08/31/04 10:34:53 AM*	
File Date	9/29/04
Check No.	5373
By:	DA
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.

*Sarah Schroeder* 9/21/04  
Signature of Authorized Person Date

Sarah Schroeder, Member

Print or Type Name of Authorized Person



2003

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1. ID No. 124309		2. Exact name of the limited liability company Acadia Charters, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Boat Charters			
5. Principal office address 11 Memorial Blvd.		City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name James F. Hyman			Contact Title Esq.		
Street Address 11 Memorial Blvd.		City Newport	State RI	Zip 02840	
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					
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City		State	Zip	City	
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Agent Name JAMES F. HYMAN, ESQ.			Address		
Address 11 MEMORIAL BOULEVARD		City NEWPORT		Zip 02840-	

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



\* 1 2 4 3 0 9 \*

File Date 10/21/03  
Check No. 4803  
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] 9/30/03  
Signature of Authorized Person Date

Sarah Schroeder, Member  
Print or Type Name of Authorized Person