



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)

1. ID No. 108017		2. Exact name of the limited liability company Offshore Framing and Renovation L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL CONTRACTOR			
5. Principal office address 242 OCEAN AVENUE APT #3		City BLOCK ISLAND	State RI	Zip 02807	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name KEVIN P. HOYT			Contact Title OWNER / MANAGER		
Street Address 242 OCEAN AVENUE APT #3		City BLOCK ISLAND	State RI	Zip 02807	
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 KEVIN P. HOYT			Manager Name		
Street Address 242 OCEAN AVENUE APT #3			Street Address		
City BLOCK ISLAND	State RI	Zip 02807	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 KEVIN P. HOYT			Address		
Address 242 OCEAN AVENUE, APT. 3			City BLOCK ISLAND	Zip 02807	

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



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.

File Date: 9/22/05 *108017*

Check No.: 4073

By: A

FOR SECRETARY OF STATE USE ONLY

KEVIN P. HOYT 11 SEP 05
Signature of Authorized Person Date

KEVIN P. HOYT
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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL CONTRACTOR			
5. Principal office address 242 OCEAN AVENUE APT # 3		City BLOCK ISLAND	State RI	Zip 02807	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name KEVIN P. HOYT			Contact Title MANAGER		
Street Address 242 OCEAN AVENUE APT # 3		City BLOCK ISLAND	State RI	Zip 02807	
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 KEVIN P. HOYT			Manager Name		
Street Address 242 OCEAN AVENUE APT # 3			Street Address		
City BLOCK ISLAND	State RI	Zip 02807	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 KEVIN P. HOYT			Address		
Address 403 PILOT HILL ROAD			City BLOCK ISLAND	Zip 02807	

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



* 1 0 8 0 1 7 *

RECEIVED STATE
NOV 8 2 05 PM '04

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

File Date NOV 08 2004

Check No. _____

By: By M49503

FOR SECRETARY OF STATE USE ONLY

[Signature] 31 Oct 04
Signature of Authorized Person Date

KEVIN P. HOYT, MGR
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 108017		2. Exact name of the limited liability company Offshore Framing and Renovation L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL CONTRACTOR			
5. Principal office address 403 PILOT HILL ROAD		City BLOCK ISLAND	State RI	Zip 02807	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name KEVIN P. HOYT			Contact Title MANAGER		
Street Address 403 PILOT HILL ROAD		City BLOCK ISLAND	State RI	Zip 02807	
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 KEVIN P. HOYT, MGR			Manager Name		
Street Address 403 PILOT HILL ROAD			Street Address		
City BLOCK ISLAND	State RI	Zip 02807	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 KEVIN P. HOYT			Address		
Address 403 PILOT HILL ROAD		City BLOCK ISLAND	Zip 02807		

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



* 1 0 8 0 1 7 *

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.

File Date 10-10-03
Check No. 2862
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

[Signature] MGR
Signature of Authorized Person
19 SEPT 03
Date
KEVIN P. HOYT, MGR
Print or Type Name of Authorized Person

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 BLACK)

1. ID No. 108017		2. Exact name of the limited liability company Offshore Framing and Renovation L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL CONTRACTOR			
5. Principal office address 403 PILOT HILL ROAD			City BLOCK ISLAND	State RI	Zip 02807
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name KEVIN P. HOYT			Contact Title MANAGER		
Street Address PO Box 1661			City BLOCK ISLAND	State RI	Zip 02807
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 KEVIN P. HOYT			Manager Name		
Street Address 403 PILOT HILL ROAD			Street Address		
City BLOCK ISLAND	State RI	Zip 02807	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 KEVIN P. HOYT			Address		
Address 387 HIGH STREET			City BLOCK ISLAND	Zip 02807	

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



* 1 0 8 0 1 7 *

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

File Date: NOV 08 2002

Check No. BY [Signature]

FOR SECRETARY OF STATE USE ONLY

NOV 08 1 05 PM '02

RECEIVED

Signature of Authorized Person: [Signature]

Date: 6 Nov 02

Print or type Name of Authorized Person: KEVIN P. HOYT, MGR

Filing Fee: \$50.00

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

Annual Report for the year 2001

ID Number DLLC 108017

1. The name of the limited liability company is:

Offshore Framing and Renovation L.L.C.

2. The address of the principal office of the limited liability company is:

PO Box 1661 Pilot Hill Road Block Island, RI 02807

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: KEVIN P. HOYT

387 HIGH STREET BLOCK ISLAND RI 02807

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

PO Box 1661 Pilot Hill Road Block Island, RI 02807

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: CONSTRUCTION

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated 22 Oct 01



1 0 8 0 1 7

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.

OFFSHORE FRAMING AND RENOVATION L.L.C.
Exact Name of Limited Liability Company

By [Signature] MGR
MANAGER
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 10-23-01
Check No.: 1789
By: [Signature]

Filing Fee: \$50.00

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

ID Number DLLC 108017

Annual Report for the year 2000

1. The name of the limited liability company is:

Offshore Framing and Renovation L.L.C.

2. The address of the principal office of the limited liability company is:

PO Box 1661 387 HIGH STREET BLOCK ISLAND RI

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: KEVIN P. HOYT

387 HIGH STREET BLOCK ISLAND RI 02807

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

PO Box 1661 Block Island RI 02807 &
KEVIN P. HOYT

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state:

GENERAL CONTRACTOR

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

<i>Name</i>	<i>Address</i>
<u>KEVIN P. HOYT</u>	<u>PO Box 1661 Block Island, RI 02807</u>
_____	_____
_____	_____

Dated 6 OCTOBER 2000



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.

OFFSHORE FRAMING & RENOVATION LLC
Exact Name of Limited Liability Company

By: [Signature]
MANAGER
Title

FOR SECRETARY OF STATE USE ONLY
 File Date: 10-10-00
 Check No.: 1436
 By: AMF