



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. 132420 | | 2. Exact name of the limited liability company Ride-A-Wave Surf Shop LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island SALE OF CLOTHING AND ACCESSORIES | | | |
| 5. Principal office address 40 Davisville Lane | | City Narragansett | State R.I. | Zip 02882 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name John G. Sheil | | | Contact Title owner | | |
| Street Address 40 Davisville Lane | | City Narragansett | State R.I. | Zip 02882 | |
| 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 | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 JOHN G. SHEIL | | | Address | | |
| Address 4 WINNAP AUG ROAD | | | City MISQUAMICUT | Zip 02891- | |

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



File Date 9/13/05 *132420*

Check No. 1476

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.

John G. Sheil 9/12/05
Signature of Authorized Person Date

John G. Sheil
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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| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Sale of clothing and accessories | |
| 5. Principal office address 4 WINNAPAUJ ROAD | | City MISQUAMICUT | State RI |
| | | Zip 02891- | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name John G. Sheil | | Contact Title Owner | |
| Street Address 40 Davisville Lane | | City Narragansett | State RI |
| | | Zip 02882-4835 | |
| 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 | | *Manager Name | |
| Street Address | | *Street Address | |
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| | | | State |
| | | | Zip |
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| Street Address | | *Street Address | |
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| Address | | City MISQUAMICUT | Zip 02891- |

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1 3 2 4 2 0

132420 DLLC 12/28/04 11:36:36 AM

File Date 2/9/05

Check No. 1370

By: DS

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.

John G. Sheil 12/29/04
Signature of Authorized Person Date

John G. Sheil

Print or Type Name of Authorized Person