



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. 118122		2. Exact name of the limited liability company Hempstead Navigation Service, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASING AND OPERATING MARITIME VESSELS, PURCHASING, HOLDING AND SELLING REAL AND PERSONAL PROPERTY FOR INVESTING			
5. Principal office address PO BOX 123 c/o Robert L. Hempstead		City EXETER	State RI	Zip 02822-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LETITIA DAVIS		Contact Title Operations Manager			
Street Address PO BOX 123		City EXETER	State RI	Zip 02822-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (YES 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 DEBORAH DINARDO, ESQ.		Address 123 DYER STREET			
Address WINOGRAD, SHINE & ZACKS, P.C.		City PROVIDENCE	Zip 02903-		

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



1 1 8 1 2 2

118122 DLLC 10/12/05 02:23:12 PM	
File Date	10/24/05
Check No.	1101
By:	CXC
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.

Letitia Davis 10/20/05
Signature of Authorized Person Date
Letitia Davis Operations Manager
Print or Type Name of Authorized Person



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100 North Main Street, Providence, RI 02903-1335
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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. 118122		2. Exact name of the limited liability company Hempstead Navigation Service, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASING AND OPERATING MARITIME VESSELS, PURCHASING, HOLDING AND SELLING REAL AND PERSONAL PROPERTY FOR INVESTING			
5. Principal office address PO BOX 123 c/o Robert L. Hempstead		City EXETER	State RI	Zip 02822-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LETITIA DAVIS		Contact Title Operations Manager			
Street Address PO BOX 123		City EXETER	State RI	Zip 02822-	
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 DEBORAH DINARDO, ESQ.		Address 123 DYER STREET			
Address WINOGRAD, SHINE & ZACKS, P.C.		City PROVIDENCE	Zip 02903-		

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



1 1 8 1 2 2

118122 DLLC 10/12/04 04:00:02 PM

File Date 10/15/04

Check No. 0337

By: LD

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.

Letitia Davis 10/14/04
Signature of Authorized Person Date

Letitia Davis Operations Manager
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 118122		2. Exact name of the limited liability company Hempstead Navigation Service, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASING AND OPERATING MARITIME VESSELS, PURCHASING, HOLDING AND SELLING REAL AND PERSONAL PROPERTY FOR INVESTING			
5. Principal office address c/o Robert L. Hempstead, P.O. Box 123		City Exeter	State RI	Zip 02822	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Letitia Davis			Contact Title Operations Manager		
Street Address P.O. Box 123		City Exeter	State RI	Zip 02822	
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 DEBORAH DINARDO, ESQ.			Address WINOGRAD, SHINE & ZACKS, P.C.		
Address 123 DYER STREET		City PROVIDENCE	Zip 02903-		

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



* 1 1 8 1 2 2 *

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 10/24/03
Check No. 0264
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Letitia Davis Operations Mgr. 10/23/03
Signature of Authorized Person DM

Letitia Davis

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. 118122		2. Exact name of the limited liability company Hempstead Navigation Service, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Purchasing & operating maritime vessels; purchasing, holding and selling real and personal prop. for inv.	
5. Principal office address c/o Robert L. Hempstead, P.O. Box 123		City Exeter	State RI
		Zip 02822	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Letitia Davis		Contact Title Operations Manager	
Street Address P.O. Box 123		City Exeter	State RI
		Zip 02822	
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	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 DEBORAH DINARDO, ESQ.		Address WINOGRAD SHINE & ZACKS	
Address 123 DYER STREET		City PROVIDENCE	Zip 02903

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



* 1 1 8 1 2 2 *

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 10.18.02
Check No. 181
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Letitia Davis Ops Mgr 10/16/02
Signature of Authorized Person Date

Letitia Davis
Print or Type Name of Authorized Person