



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. 132625		2. Exact name of the limited liability company Scott Ferguson LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MARINE DESIGN AND ENGINEERING SERVICES			
5. Principal office address 12 FLORIDA AVE			City JAMESTOWN	State R.I.	Zip 02835
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name SCOTT FERGUSON			Contact Title		
Street Address 12 FLORIDA AVE			City JAMESTOWN	State R.I.	Zip 02835
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 SCOTT FERGUSON			Address		
Address 12 FLORIDA AVENUE			City JAMESTOWN	Zip 02835-	

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 9/29/05 *132625*

Check No. 758

By: Ch

FOR SECRETARY OF STATE USE ONLY

Scott Ferguson 9/29/05
Signature of Authorized Person Date

SCOTT FERGUSON
Print or Type Name of Authorized Person



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Address		City JAMESTOWN	Zip 02835		

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 10/22/04
 Check No 602
 By AS
 FOR SECRETARY OF STATE USE ONLY

Scott Ferguson 10/21/04
 Signature of Authorized Person Date
SCOTT FERGUSON
 Print or Type Name of Authorized Person