



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. 136527		2. Exact name of the limited liability company NEWPORT COMMERCIAL MOORING #748, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL MOORING	
5. Principal office address 301 Purchase St.		City Rye	State NY
		Zip 10580	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ALEXANDER W. VICTOR		Contact Title Member	
Street Address 301 Purchase St.		City Rye	State NY
		Zip 10580	
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 ALEXANDER W. VICTOR		Manager Name	
Street Address 301 Purchase St.		Street Address	
City Rye	State NY	City	State
Zip 10580		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 ALEXANDER G. WALSH, ESQ.		Address 366 THAMES STREET	
Address P.O. BOX 755		City NEWPORT	Zip 02840

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



File Date	11/30/05	*136527*
Check No.	824	
By:		
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.

	9/17/05
Signature of Authorized Person	Date
ALEXANDER W. VICTOR	
Print or Type Name of Authorized Person	



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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 136527		2. Exact name of the limited liability company NEWPORT COMMERCIAL MOORING #748, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Commercial Mooring	
5. Principal office address 301 PURCHASE STREET		City RYE	State NY
		Zip 10580-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Alexander W. Vietor		Contact Title Manager	
Street Address 301 Purchase Street		City Rye	State NY
		Zip 10580	
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 Alexander W. Vietor		Manager Name	
Street Address 301 Purchase Street		Street Address	
City Rye	State NY	City	State
	Zip 10580		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
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Address 366 THAMES STREET		City NEWPORT	Zip 02840-

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136527 DLLC 01/04/05 12:50:06 PM	
File Date	1/13/05
Check No	779
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.

Signature of Authorized Person
Date 12/31/04
Alexander W. Vietor - Manager
Print or Type Name of Authorized Person