



**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. 128827		2. Exact name of the limited liability company PATRICIA RESOLUTE, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BOAT CHARTERS	
5. Principal office address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI
		Zip 02840-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JAMES F HYMAN		Contact Title ESQ.	
Street Address 11 MEMORIAL BLVD.		City NEWPORT	State RI
		Zip 02840-	
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 N/A		• 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 JAMES F. HYMAN, ESQ.		Address 11 MEMORIAL BOULEVARD	
Address		City NEWPORT	Zip 02840-

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



1 2 8 8 2 7

\*128827 DLLC 09/06/05 12:41:10 PM\*

File Date 9/28/05

Check No. 5743

By: C/A

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.

Patricia D. Snyder 9/19/05  
Signature of Authorized Person Date

**PATRICIA D. SNYDER, MEMBER**  
Print or Type Name of Authorized Person



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Manager Name N/A		Street Address	
City		State	Zip
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Address		City NEWPORT	Zip 02840-

This report must be filed by an authorized person pursuant to 7-16-66.



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\*128827 DLLC 09/01/04 03:52:33 PM\*

File Date 9/20/04

Check No. 5349

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.

Pat Snyder 9/14/04  
Signature of Authorized Person Date

Patricia D. Snyder, Member  
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

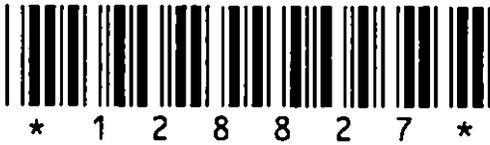
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with fields for ID No (128827), Company Name (PATRICIA RESOLUTE, LLC), State (RHODE ISLAND), Business Description (Boat Charters), Principal Office Address (11 Memorial Blvd., Newport, RI 02840), Mailing Address, Manager Name (James Hyman, Esq.), and Resident Agent (James F. Hyman, Esq.).

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



FILED stamp with File Date (OCT 14 2003), Check No., and By (4773 GMA) fields.

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 Patricia D. Snyder, dated 9/30/03, and name of Robert Snyder, Member.