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.	2. Exact name of the limited liabilty company
123531	Mar, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	BOAT CHARTERS

5. Principal office address	City	State	Zip
11 MEMORIAL BOULEVARD	NEWPORT	RI	02840-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
JAMES F HYMAN	ESQ.

Street Address	City	State	Zip
11 MEMORIAL BLVD.	NEWPORT	RI	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)* ☐

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
WILLIAM J. MARTIN	11 MEMORIAL BOULEVARD	NEWPORT	RI	02840
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	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	Address	City	Zip
JAMES F. HYMAN, ESQ.	11 MEMORIAL BOULEVARD	NEWPORT	02840-

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

[redacted] 1 2 3 5 3 1

123531 DLLC 09/02/05 01:01:17 PM

File Date 9/15/05

Check No. 5883

By: JMD

FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 9-8-05

[redacted] WILLIAM J. MARTIN, MANAGER

Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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 2004

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	*2. Exact name of the limited liabilty company*
123531	Mar, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	BOAT CHARTERS

5. Principal office address	*City*	*State*	*Zip*
11 MEMORIAL BOULEVARD	NEWPORT	RI	02840-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
JAMES F HYMAN	

Street Address	*City*	*State*	*Zip*
11 MEMORIAL BLVD.	NEWPORT	RI	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)* ☐

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	*Manager Name*
William J. Martin	
Street Address	*Street Address*
11 Memorial Boulevard	
City / *State* / *Zip*: Newport / RI / 02840	*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	*Address*	
JAMES F. HYMAN, ESQ.	11 MEMORIAL BOULEVARD	
Address	*City*	*Zip*
	NEWPORT	02840-

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

[redacted] 1 2 3 5 3 1

123531 DLLC 08/31/04 11:47:42 AM

File Date 9 | 16 | 04

Check No. 5329

By: DA

FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 9/04

William J. Martin, Manager

Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 6/02

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)

1. ID No	2. Exact name of the limited liability company
123531	Mar, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	Boat Charters

5. Principal office address	City	State	Zip
11 Memorial Blvd	Newport	RI	02840

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
James F. Hyman	Esq.

Street Address	City	State	Zip
11 Memorial Blvd.	Newport	RI	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)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Manager Name
William J. Martin, Manager	n/a
Street Address	**Street Address**
93 39 170th Street	
City / State / Zip	**City / State / Zip**
Jamaica / NY / 11433	
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	Address
JAMES F. HYMAN, ESQ.	
Address	**City / Zip**
11 MEMORIAL BOULEVARD	NEWPORT 02840-

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

[redacted] [barcode] [redacted]

* 1 2 3 5 3 1 *

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* 5-19-03

William J. Martin, Manager
Print or Type Name of Authorized Person

File Date	12-15-03
Check No.	4782
By:	

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03