



**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. 92831		2. Exact name of the limited liability company Commar Sales, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MFG REPRESENTATIVE TO MARINE INDUSTRY	
5. Principal office address 1445 MAIN ROAD		City TIVERTON	State RI Zip 02878
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name TIMOTHY P CONROY		Contact Title	
Street Address 1445 MAIN ROAD		City TIVERTON	State RI Zip 02878-
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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name BRUCE R. RUTTENBERG, ESQ.		Address ONE PARK ROW, SUITE 300	
Address CHACE RUTTENBERG & FREEDMAN		City PROVIDENCE	Zip 02903

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



9 2 8 3 1

\*92831 DLLC 11/24/03 06:32:56 PM\*

File Date 12/23/05

Check No. 9796 C 85229

By: ICM

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.

Norman MacLeod 11/29/05  
Signature of Authorized Person Date

Norman MacLeod  
Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 92831		2. Exact name of the limited liability company Commar Sales, LLC	
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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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name BRUCE R. RUTTENBERG, ESQ.		Address ONE PARK ROW, SUITE 300	
Address CHACE RUTTENBERG & FREEDMAN		City PROVIDENCE	Zip 02903

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



9 2 8 3 1

\*92831 DLLC 11/24/03 06:32:56 PM\*

File Date 11/28/05

Check No. 10230

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.

 11/21/05  
Signature of Authorized Person Date

**Norman MacLeod**

Print or type Name of Authorized Person



**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)

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		Zip 02878	
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		Zip 02878-	
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	City	State
City	State	Zip	City
State	Zip	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 BRUCE R. RUTTENBERG, ESQ.		Address ONE PARK ROW, SUITE 300	
Address CHACE RUTTENBERG & FREEDMAN		City PROVIDENCE	Zip 02903

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



9 2 8 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.

*Norman MacLeod* 10/29/04  
Signature of Authorized Person Date

Norman MacLeod  
Print or Type Name of Authorized Person

\*92831 DLLC 11/24/03 06:32:56 PM\*  
File Date: 12/13/04  
Check No. 9366  
By: *[Signature]*  
FOR SECRETARY OF STATE USE ONLY



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. 92831		2. Exact name of the limited liability company Commar Sales, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MEG REPRESENTATIVE TO MARINE INDUSTRY			
5. Principal office address 1445 MAIN ROAD			City TIVERTON	State RI	Zip 02878
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name TIMOTHY P CONROY			Contact Title .		
Street Address 1445 MAIN ROAD			City TIVERTON	State RI	Zip 02878-
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 BRUCE R. RUTTENBERG, ESQ.			Address ONE PARK ROW, SUITE 300		
Address CHACE RUTTENBERG & FREEDMAN			City PROVIDENCE	Zip 02903	

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



9 2 8 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.

\*92831 DLLL 1/24/04 06:32:56 PM\*

**FILED**

File Date

Check No. FEB 13 2004

By: By M20027

FOR SECRETARY OF STATE USE ONLY

Norman D Macleod III 1-30-04  
Signature of Authorized Person Date

NORMAN D MACLEOD III  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**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 *92831*		2. Exact name of the limited liability company Commar Sales, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MFG REPRESENTATIVE TO MARINE INDUSTRY			
5. Principal office address 1445 MAIN ROAD		City TIVERTON	State RI	Zip 02878	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name TIMOTHY P CONROY		Contact Title			
Street Address 1445 MAIN ROAD		City TIVERTON	State RI	Zip 02878-	
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 BRUCE R. RUTTENBERG, ESQ.		Address ONE PARK ROW, SUITE 300			
Address CHACE RUTTENBERG & FREEDMAN		City PROVIDENCE	Zip 02903		

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



\* 9 2 8 3 1 \*

\*92831 DLLC9/10/21/02 M\*

**FILED**

File Date SEP 25 2002

Check No. \_\_\_\_\_

By Norman MacLeod 10851

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.

Norman MacLeod 9/18/02  
Signature of Authorized Person Date  
NORMAN MACLEOD  
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number DLLC 92831

Annual Report for the year 2001

1. The name of the limited liability company is:

Commar Sales, LLC

2. The address of the principal office of the limited liability company is:

1445 Main Road, Tiverton, Rhode Island 02878

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: BRUCE R. RUTTENBERG, ESQ.

CHACE RUTTENBERG & FREEDMAN ONE PARK ROW, SUITE 300 PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 1445 Main Road, Tiverton, Rhode Island 02878

Timothy P. Conroy

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Marketing and selling of marine products and related materials.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated

9/26/01

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 2 8 3 1

Commar Sales, LLC

Exact Name of Limited Liability Company

By

Timothy P. Conroy  
Timothy P. Conroy  
President

Title

FOR SECRETARY OF STATE USE ONLY  
File Date: **FILED**

Check No.: SEP 26 2001

By: cc 5672  
W

Form No. 632  
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number DLLC 92831

Annual Report for the year 2000

1. The name of the limited liability company is:

Commar Sales, LLC

2. The address of the principal office of the limited liability company is:

1445 Main Road, Tiverton, Rhode Island 02878

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: BRUCE R. RUTTENBERG

CHACE RUTTENBERG & FREEDMAN ONE PARK ROW, SUITE 300 PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 1445 Main Road, Tiverton, Rhode Island 02878

Timothy P. Conroy

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Marketing and selling of marine products and related materials.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

*Name*

*Address*

Dated 12/19/2000



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.

Commar Sales, LLC

*Exact Name of Limited Liability Company*

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>FILED</u>
Check No.:	<u>DEC 22 2000</u>
By:	<u>[Signature]</u>

By [Signature]  
Timothy P. Conroy  
President

*Title*

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number LL 92831

Annual Report for the year 1999

1. The name of the limited liability company is:

Commar Sales, LLC

2. The address of the principal office of the limited liability company is:

1445 Main Road, Tiverton, Rhode Island 02878

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: BRUCE R. RUTTENBERG

CHACE RUTTENBERG & FREEDMAN ONE PARK ROW, SUITE 300 PROVIDENCE, RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 1445 Main Road, Tiverton, Rhode Island 02878

Timothy P. Conroy

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Marketing and selling of marine products and related materials

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
_____	_____
_____	_____
_____	_____

Dated 9-29-99



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.  
Commar Sales, LLC

\_\_\_\_\_  
Exact Name of Limited Liability Company

By Timothy P. Conroy  
Timothy P. Conroy  
President  
Title

FOR SECRETARY OF STATE USE ONLY  
File Date: 10-12-99  
Check No.: 3309  
By: SA

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number LL 92831

Annual Report for the year 1998

1. The name of the limited liability company is:

Commar Sales, LLC

2. The address of the principal office of the limited liability company is:

1145 Main Road, Tiverton, RI 02878

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: BRUCE R. RUTTENBERG

CHACE RUTTENBERG & FREEDMAN ONE PARK ROW, SUITE 300 PROVIDENCE, RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 1145 Main Road, Tiverton, RI 02878

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: sales of marine equipment

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Timothy Conroy</u>	<u>930 Coachway Drive, Annapolis, MD 21401</u>
<u>Norman MacLeod</u>	<u>198 Braman's Lane, Portsmouth, RI 02871</u>
<u>Mark Mitchell</u>	<u>111 Highland Ave, Barrington, RI 02806</u>

Dated 10/22, 19 98

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 2 8 3 1 \*

Exact Name of Limited Liability Company

By Norman D MacLeod

TREASURER / PARTNER  
Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-28-98

Check No.: 2184

By: WUP

Form No. LLC-19  
Revised 8/97

ComMar Sales, Inc.

Action by Consent of the Members

In Lieu of Annual Meeting

Pursuant to Section 7-16-21 of the General Laws of Rhode Island of 1956, as amended, the undersigned, being members representing all of the capital values of the ownership interests of ComMar Sales, Inc., a Rhode Island limited liability company (the "LLC"), hereby consent and agree to the following actions which are deemed to be adopted as if adopted at the 1998 annual meeting of the members of the LLC duly called and held on the date hereof at which all of the members were personally present and voting in the affirmative:

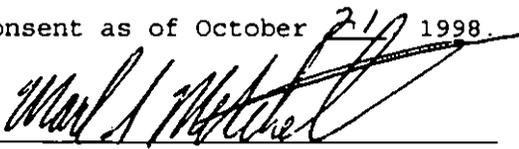
RESOLVED: That all acts of the officers of the LLC to the date hereof be and the same are hereby ratified and approved.

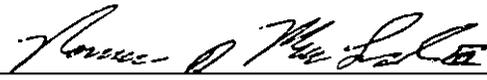
RESOLVED: That the following individuals be elected officers of the Corporation, each to hold office until his successor is duly elected and qualified:

President:	Timothy P. Conroy
Vice President:	Mark Mitchell
Treasurer:	Norman MacLeod, III
Secretary:	Bruce R. Ruttenberg

IN WITNESS WHEREOF, the undersigned have executed this

Consent as of October 21, 1998.

  
\_\_\_\_\_  
Mark Mitchell

  
\_\_\_\_\_  
Norman MacLeod, III

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

**LIMITED LIABILITY COMPANY**

ID Number 0092831

Annual Report for the year 1997

1. The name of the limited liability company is:

Commar Sales, LLC

2. The address of the principal office of the limited liability company is:

1445 Main Road, Tiverton, RI 02878

3. The state or other jurisdiction under the laws of which it is formed is: N/A

4. The name and address of its resident agent is: Bruce R. Ruttenberg

Chace Ruttenberg & Freedman, One Park Row, Suite 300, Providence, RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Bruce R. Ruttenberg

Chace Ruttenberg & Freedman, One Park Row, Suite 300, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: manufacturers' representative to the marine industry

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

*Name*

*Address*

Dated December 5, 1997

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.

Commar Sales, LLC

*Exact Name of Limited Liability Company*

By Timothy P. Conroy

Timothy P. Conroy, President

*Title*

**FILED**  
DEC 17 1997  
By CC-1549  
DEC 17 3 02 PM '97  
RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.