



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. 131835		2. Exact name of the limited liability company MISS DEBBIE SPORT FISHING, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CHARTER FISHING ACTIVITIES			
5. Principal office address 12 SUNNYSIDE DRIVE		City WESTERLY	State RI	Zip 02891-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT W DUPREY			Contact Title Manager		
Street Address 5 HERITAGE DRIVE		City STONINGTON	State CT	Zip 06379-	
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 Robert W. Duprey		• Manager Name			
Street Address 5 Heritage Drive		• Street Address			
City Stonington	State CT	Zip 06378	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 JOHN R. PAYNE, JR.		Address 46 GRANITE STREET			
Address		City WESTERLY		Zip 02891-	

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



1 3 1 8 3 5

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.

Robert W. Duprey 08/21/2005
Signature of Authorized Person Date

Robert W. DUPREY
Print or Type Name of Authorized Person

131835 DLLC 08/30/05 12:24:04 PM

File Date

11-01-05

Check No.

257
UP

By:

FOR SECRETARY OF STATE USE ONLY



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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Charter fishing activities			
5. Principal office address 12 Sunnyside Drive		City Westerly	State RI	Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert W. Duprey		Contact Title Manager			
Street Address 5 Heritage Drive		City Stonington	State CT	Zip 06379	
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Robert W. Duprey 11/12/05
Signature of Authorized Person Date
Robert W. Duprey
Print or Type Name of Authorized Person

131835 DLLC 11/01/04 11:03:07 AM

File Date 2/17/05

Check No. 235

By: DA

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