



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. 131042		2. Exact name of the limited liability company Clarke Cooke House, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OPERATE A RESTAURANT			
5. Principal office address BANNISTERS WHARF		City NEWPORT	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name BANNISTERS WHARF COMPANY, INC.			Contact Title MEMBER		
Street Address BANNISTERS WHARF COMPANY		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		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 H. HAHN, ESQ.			Address 180 SOUTH MAIN STREET		
Address		City PROVIDENCE	Zip 02903-		

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



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*131042 DLLC 08/29/05 04:12:24 PM*
File Date <u>9/22/05</u>
Check No. <u>3455 07759</u>
By: <u>KML</u>
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

DAVID W. RAY

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)

1. ID No. 131042		2. Exact name of the limited liability company Clarke Cooke House, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island To operate a restaurant	
5. Principal office address Bannisters Wharf		City Newport	State RI
		Zip 02840	
Contact Name Bannisters Wharf Company, Inc. By: David W. Ray, President		Contact Title Member	
Street Address Bannisters Wharf		City Newport	State RI
		Zip 02840	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Agent Name JAMES H. HAHN, ESQ.		Address	
Address 180 SOUTH MAIN STREET		City PROVIDENCE	Zip 02903

U:\Everyone\corpdata\COPY of 2003 RI LLC Annual Report Form.doc

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

**FILED**

NOV 01 2004

By C 48881  
KMC

File Date _____
Check No. _____
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.

Signature of Authorized Person

Date

DAVID W. RAY

Print or Type Name of Authorized Person

10/30/04