

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

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IMITED LIABILITY	COMPANY ANNU	IAL REPORT FOR	THE YEAR	2009
	-			

Filing Period: September 1 - November 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. ID No. 2. Exact name of the limited hability company 116547 North Sails Group, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island DELAWARE Service & distribution of Marine Sails 5. Principal office address City State 06460 125 Old Gate Lane CT Milford 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contract Name
Thomas J. Nuzzaci Contact Title CFO/Treasurer Street Address State 06460 125 Old Gate Lane Milford CT 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 Street Address Street Address City State Zip State Z.LD Manager Name Street Address Street Address Cuy State 2.ф City State 7.ф 8. RESIDENT AGENT IN RHODE ISLAND · DO NOT ALTER · Changes require filing of Form 642 · R.I.G.L. 7-16-11 Address **CT CORPORATION SYSTEM** Address Ζф 10 WEYBOSSET STREET **PROVIDENCE** 02903-

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

	116547
File Date 9/21	105
Check No	132
FOR SECRETARY OF S	TATE 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.

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Signature of Authorized A

Dat

Thomas J. Nuzzaci

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 _ 2004

Filing Period: Septem (FORM MUST BE TYPED)			Filing Fee: \$50.00	•			
1. ID No		2. Exact name of the limited liability company					
116547		Sails Group, LLC	, , ,				
3. State of Formation	LIWILL		the character of the husiness u	hich is actually conducted in Rhad	e Island		
DELAWARE							
5. Principal office address				City	State		Zip
125 Old Gate	Lane			Milford		CT	06460
		IMITED LIABILIT	Y COMPANY AND NAM	E OR TITLE OF CONTACT		-	1 00400
Contact Name Thomas Nuzza	ci			Comaci Tulc Treasurer			
Street Address				City	State		Zip
125 Old Gate	Lane			Milford	l cr		06460
7. NAME AND ADDE	RESS OF	EACH MANAGEI	R OF THE LIMITED LIA	BILITY COMPANY, IF APPI			
		FILL IN SPACE	ES BEFORE USING ATTA	ACHMENTS ("X" BOX FO	R ATTACHMENT		
AN	Y MODI	FICATIONS TO M	ANAGERS REQUIRES F	ILING OF AMENDMENT, R.	.I.G.L. 7-16-12 (a) (2) / 7-16	6-52
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
		ļ					'
8. RESIDENT AGENT	T IN RH	ODE ISLAND - D	O NOT ALTER - Change	s require filing of Form (642 - R.I.G.L. 7-	16-11	•
Ageut Name				Address			
CT CORPORATION SY	STEM						
Address	<u> </u>		 ·	City		Zip	
10 WEYBOSSET STREET		PROVIDENCE					
- 10 METBOODET OTKE		 ·	 	PROVIDENCE		02903-	

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

	* 1 1 6 5 4 7 *	
File Date	9/21/04	
Check No	5057523	

FOR SECRETARY OF STATE USE ONLY

contained berein are true and correct.

including any accompanying schedules and statements, and that all statements.

Under penalty of perjury, I declare and affirm that I have examined this report.



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

Matthew A. Brown, Secretary of State

Corporations Duvision 100 North Main Street Procedence, RI 02903-1335 401-222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR | Filing Period: September 1 - November 1 - Filing Fee: \$50.00

2003

(FORM MUST BE TYPED)	OR PRINTED IN BLACK)					
1 1/2 No. 116547	2 Exact name of the house North Sails Group					
3 State of Formation	4 Brief description	m of the character of the bi	usiness which is actually conducted in h	bode Island		
DELAWARE	Sail rep	air, Service a	and Sales office			
5 Principal office address 125 Old Gate			CHY Milford	State CT	<i>Ζφ</i> 06 4 60	
6. MAILING ADDRES Contact Name Thomas J. 1		LITY COMPANY ANI	O NAME OR TITLE OF CONTA Contact Title CFO/Treasurer	CT PERSON:	'	
Street Address 125 Old Gat	e Lane		Guy Milford	State . CT	<i>Σφ</i> 06 4 60	
	FILL IN SP.	ACES BEFORE USING	ED LIABILITY COMPANY, IF A G ATTACHMENTS ("X" BOX IRES FILING OF AMENDMENT Manager Name	FOR ATTACHMENT		
Street Address			Street Address	- <u></u> .		 -
City	State	Ζф	City	State	Zqp	
Manager Name	•••••••••••••••	•••••••	Manager Name	••••••		
street Address			Street Address			
City	State	Zīp	City	State	Zφ	
8. RESIDENT AGENT Agent Name CT CORPORATION SY		DO NOT ALTER - C	hanges require filing of For	m 642 - R.I.G.L. 7-1	6-11	
Address			Cit ₁		Zφ	
10 WEYBOSSET STRE	EET		PROVIDENCE		02903-	
· · · · · ·	-	-		<u> </u>		

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

	* 1 1 6 5 4 7 *
File Date _	9.29.03
Check No By FO	DR 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 Porson

9/2/03 Date

THOMAS J. INOLLY

Print or Type Name of Authorized Person

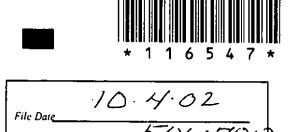


Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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) I. ID No. 2. Exact name of the limited liabilty company 116547 North Sails Group, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **DELAWARE** 5. Principal office address City State 125 Old Gate Lane Milford CT 06460 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Thomas J. Nuzzaci Treasurer/Group Controller Street Address City 125 Old Gate Lane Milford CT 06460 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 Munuger Name ·Manager Nume Street Address * Street Address City State State Haugger Name MA Street Address Street Address City 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 Address **CT CORPORATION SYSTEM** Address Ciry Zip 10 WEYBOSSET STREET PROVIDENCE 02903-

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



Check No.

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

Thomas J. Nuzzaci

Print or Type Name of Authorized Person