

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 Fec: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No. 2. Exact name of the limited liabilty company 126249 LAUGHING DOLPHIN, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation BOAT CHARTER **RHODE ISLAND** Zio 5. Principal office address 11 MEMORIAL BOULEVARD NEWPORT RI 02840-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON. Contact Title Contact Name JAMES F HYMAN ESO. City State Zip Street Address RI 11 MEMORIAL BLVD. . NEWPORT 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 N/A · Street Address Street Address Zip State City State Zip City Manager Name Manager Name Street Address ·Street Address City Ζp City State Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - RI.GL. 7-16-11 Address JAMES F. HYMAN, ESQ. 11 MEMORIAL BOULEVARD Zip Address City NEWPORT 02840-

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



| *126249 DLLC | 09/02/05 12:21:19 PM* | |
|---------------|-----------------------|---|
| Check No. | 5946 | |
| B <u>v.</u> | Ch | 1 |
| 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.

and that all statements contained herein are true and correct

Signature of Authin 2019/750n / / Date

JOHN PODMAJERSKY, MEMBER

Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2004
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

| 1. ID No. | D OR PRINTED IN BL. 2. Exact name of the lit | nited liabilty company | | | | | |
|-----------------------------|---|---|--|--|-----------------------|--|--|
| 126249 | LAUGHING DOLI | | | | | | |
| 3. State of Formation | | 4. Brief description of the character of the business which is actually conducted in Rhode Island | | | | | |
| RHODE ISLAND | BOAT CHAF | ITER | | | | | |
| 5. Principal office address | | | City | State | Zip | | |
| 11 MEMORIAL B | | | NEWPORT | RI | 02840- | | |
| 6. MAILING ADD | RESS OF LIMITED | LIABILITY COMP | ANY AND NAME OR TITLE | OF CONTACT PER | SON: | | |
| Contact Name JAMES F HYMAN | | | Contact Title | | | | |
| Street Address | | | City | Ic | | | |
| 11 MEMORIAL BI | LVD. | | • NEWPORT | State RI | <i>Zip</i> 02840 - | | |
| _ | | IANAGER OF THE | LIMITED LIABILITY CON | | | | |
| | FILL IN S | PACES BEFORE USIN | G ATTACHMENTS ("X" BOX | TPANY, IF APPLICA FORATTACHMENT) [] | BLE | | |
| <u>-</u> - | | | UIRES FILING OF AMENDMENT. | R.I.G.L 7-16-12 (a) (2) / | 7-16-52 | | |
| Manager Name | | | • Manager Name | | | | |
| N/A | | | <u>.</u> | _ | | | |
| Street Address | | | Street Address | • Street Address | | | |
| City | State | [a | | | | | |
| | State | Zip | *City | State | Zip | | |
| Manager Name | | • • • • • • • • • • | *Manager Name | | | | |
| | | | • / | | | | |
| Street Address | | Street Address | | | | | |
| | | | • A second of the second of th | | | | |
| City | State | Zip | City | State | Zip | | |
| 8. RESIDENT ACEN | T IN DECORE ICE AN | D OO NOT ALTER O | | | | | |
| Agent Name | I IN IGIODE ISEAN | D-DO HO! ALIEN. C | hanges require filing of I | orm 642 - R.J.G.L. 7- | 16-11 | | |
| JAMES F. HYMAN, ESQ. | | | 11 MEMORIAL BOULEVARD | | | | |
| Address | | City | | | | | |
| VOR. CO. | | | NEWPORT | |)2840- | | |
| A007(D3 | | | | | | | |

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



| *126249 [| DLLC 08/31/04 11:41:24 AM* |
|-------------|----------------------------|
| File Date | 9/23/04 |
| Check No. | 5355 |
| В <u>у:</u> | OA |
| FOR SECRE | TARY 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 Automized/Person

4/15/04 Date

John Podmajersky, Member

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 _

2003

| 1. ID No. 126249 2. Exact name of the limited liability company LAUGHING DOLPHIN, LLC 3. State of Formation RHODE ISLAND Boat Charter 5. Principal office address City State State Department of the Market State Newport RI 02840 |
|--|
| 126249 LAUGHING DOLPHIN, LLC 3. State of Formation RHODE ISLAND Boat Charter 5. Principal office address LAUGHING DOLPHIN, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island Boat Charter City State Zip |
| RHODE ISLAND Boat Charter 5 Principal office address City State Zip |
| 5 Principal office address City State Zip |
| |
| 11 Managial Died Normant DT 02840 |
| 11 Memorial B1vd 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 |
| n/a n/a |
| Sirvet Address Sirvet 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 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.

| * 1 2 6 2 4 9 | |
|----------------------------------|--|
| File Date 10/29/03 Check No 4830 | |
| 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.

10

John Podmajersky, Member

Print or Type Name of Authorized Person