



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.<br>126249  |       | 2. Exact name of the limited liability company<br>LAUGHING DOLPHIN, LLC   |               |
| 3. State of Formation<br>RHODE ISLAND  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>BOAT CHARTER |               |
| 5. Principal office address<br>11 MEMORIAL BOULEVARD   |       | City<br>NEWPORT   | State<br>RI   |
|  |       | Zip<br>02840-   |               |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |   |               |
| Contact Name<br>JAMES F HYMAN  |       | Contact Title<br>ESQ.   |               |
| Street Address<br>11 MEMORIAL BLVD.  |       | City<br>NEWPORT   | State<br>RI   |
|  |       | Zip<br>02840-   |               |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |       |   |               |
| Manager Name<br>N/A  |       | Manager Name  |               |
| Street Address   |       | Street Address  |               |
| City   | State | City  | State         |
| Zip  |       | Zip   |               |
| Manager Name   |       | Manager Name  |               |
| Street Address   |       | Street Address  |               |
| City   | State | City  | State         |
| Zip  |       | 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<br>JAMES F. HYMAN, ESQ.   |       | Address<br>11 MEMORIAL BOULEVARD  |               |
| Address  |       | City<br>NEWPORT   | Zip<br>02840- |

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



1 2 6 2 4 9

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

JOHN PODMAJERSKY, MEMBER

Print or Type Name of Authorized Person

\*126249 DLLC 09/02/05 12:21:19 PM\*

File Date 9/28/05

Check No. 5946

By CP

FOR SECRETARY OF STATE USE ONLY



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AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
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100 North Main Street, Providence, RI 02903-1335  
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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.<br>126249  |       | 2. Exact name of the limited liability company<br>LAUGHING DOLPHIN, LLC   |                              |               |     |
| 3. State of Formation<br>RHODE ISLAND  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>BOAT CHARTER |                              |               |     |
| 5. Principal office address<br>11 MEMORIAL BOULEVARD   |       | City<br>NEWPORT   | State<br>RI<br>Zip<br>02840- |               |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:<br>Contact Name<br>JAMES F HYMAN<br>Contact Title   |       |   |                              |               |     |
| Street Address<br>11 MEMORIAL BLVD.  |       | City<br>NEWPORT   | State<br>RI<br>Zip<br>02840- |               |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |       |   |                              |               |     |
| Manager Name<br>N/A  |       | • 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<br>JAMES F. HYMAN, ESQ.   |       | Address<br>11 MEMORIAL BOULEVARD  |                              |               |     |
| Address  |       | City<br>NEWPORT   |                              | Zip<br>02840- |     |

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



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|                                    |         |
|------------------------------------|---------|
| *126249 DLLC 08/31/04 11:41:24 AM* |         |
| File Date                          | 9/23/04 |
| Check No.                          | 5355    |
| 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.

Signature of Authorized Person

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  
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# 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.<br><b>126249</b>   |       | 2. Exact name of the limited liability company<br><b>LAUGHING DOLPHIN, LLC</b>   |                              |                     |     |
| 3. State of Formation<br><b>RHODE ISLAND</b>   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>Boat Charter</b> |                              |                     |     |
| 5. Principal office address<br><b>11 Memorial Blvd</b>   |       | City<br><b>Newport</b>   | State<br><b>RI</b>           | Zip<br><b>02840</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |                              |                     |     |
| Contact Name<br><b>James F. Hyman</b>  |       |  | Contact Title<br><b>Esq.</b> |                     |     |
| Street Address<br><b>11 Memorial Blvd.</b>   |       | City<br><b>Newport</b>   | State<br><b>RI</b>           | Zip<br><b>02840</b> |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |       |  |                              |                     |     |
| Manager Name<br><b>n/a</b>   |       |  | Manager Name<br><b>n/a</b>   |                     |     |
| 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<br><b>JAMES F. HYMAN, ESQ.</b>  |       |  | Address                      |                     |     |
| Address<br><b>11 MEMORIAL BOULEVARD</b>  |       |  | City<br><b>NEWPORT</b>       | Zip<br><b>02840</b> |     |

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                       | <b>10/29/03</b> |
| Check No                        | <b>4830</b>     |
| 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

**John Podmajersky, Member**

Print or Type Name of Authorized Person