



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)

Form with fields for: 1. ID No. (136151), 2. Exact name of the limited liability company (Diamond G Crab, LLC), 3. State of Formation (RHODE ISLAND), 4. Brief description of the character of the business (COMMERCIAL FISHING), 5. Principal office address (310 Neck Road, Tiverton, Rhode Island, 02878), 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON (Christopher R. Smith c/o Verrill Dana, LLP, Attorney, Portland, Maine, 04112-0586), 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE, 8. RESIDENT AGENT IN RHODE ISLAND (CT CORPORATION SYSTEM, 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.



136151

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.

File Date: 10/10/2005
Check No.: 73046 230642
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person: [Signature]
Date: 10-3-05
Jonathan Williams
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. 136151		2. Exact name of the limited liability company Diamond G Crab, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island commercial fishing			
5. Principal office address 310 Neck Road			City Tiverton	State RI	Zip 02878
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Christopher R. Smith c/o Verrill Dana, LLP			Contact Title Attorney		
Street Address One Portland Square, P.O. Box 586			City Portland	State ME	Zip 04112-0586
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 CT Corporation System			Address 10 Weybosset Street		
Address			City Providence	Zip 02902	

RECEIVED
SECRETARY OF STATE
NOV 25 11 25 AM '04

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



1 3 6 1 5 1

136151 DLLC 10/23/04 11:14:24 AM

FILED

File Date: DEC 13 2004

Check No. _____

By: By M Sobol

FOR SECRETARY OF STATE USE ONLY (GAM)

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.

Jonathan Williams 11-30-04
Signature of Authorized Person Date

Jonathan Williams
Print or type Name of Authorized Person