

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) 2. Exact name of the limited liabilty company I ID No 130552 Loughborough Marine Interests, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation THE PROVISION OF MARINE-RELATED SERVICES, INCLUDING, WITHOUT LIMITATION, REFIT **RHODE ISLAND** MANAGEMENT, NEW CONSTRUCTION MANAGEMENT, RIGGING, FABRICATION AND ON WATER REPAIR 5. Principal office address City State Zip 56 BRIDGE STREET NEWPORT RΙ 02840-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title DAVID LOUGHBOROUGH MEMBER City Street Address State Zip 56 BRIDGE STREET . 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 Street Address · Sircet Address City State Zip · City State Zip Munuger Name Munager Nume Street Address ·Street Address City State 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 Address STEVEN M. MCINNIS, ESQ. 38 BELLEVUE AVENUE Address City Zip NEWPORT 02840-

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

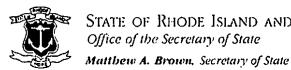
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FOR SECRI	ETARY OF STATE USE ONLY

Under penalty of perjury, I declare and aft this report, including any accompanying s	
and that all statements contained herein	
Add	9.23.05
Signature of Authorized Person	Date
DAVID LOUGUBODOUG	21.1

DAVID LOUGHBOROUGH
Print or Type Name of Authorized Person



Agent Name

STEVEN M. MCINNIS

**38 BELLEVUE AVENUE** 

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

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130552	Loughborough Marine	Interests, LLC					
3. State of Formation	4. Brief description The prov	n of the character of the bu. Ision of marin	siness which is actually conducted in Rho ne-related services,	ode Island including, with	out limitation,		
RHODE ISLAND	refit mn	gmt., new cons	struction mngmt., rig	ging, fabricati	on and on-water		
5. Principal office address		ervices.	City	State	Zip		
56 Bridge St	56 Bridge Street			RI	02840		
. MAILING ADDRE	SS OF LIMITED LIABII	LITY COMPANY AND	NAME OR TITLE OF CONTACT	Γ PERSON:	•		
Contact Name			: Contact Title	Contact Title			
David Loughb	orough		Member				
treet Address			City	State	Zip		
56 Bridge Street Newport RI				02840			
AN danager Name			GATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT, Manager Name		) / 7-16-52		
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City	State	Zip	City	State	Zip		
lanager Name			Manager Name		J		
Street Address	<u> </u>		Street Address	<del>.</del>			
City	State	Zip	City	State	Zip		
. RESIDENT AGEN	I T IN RHODE ISLAND -	I DO NOT ALTER - C	: hanges require filing of Form	   642 - R.I.G.L. 7-16-11	<b>.</b>		

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

Address

City NEWPORT



File Date 10/29/04
Check No. 12019
Ву:
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.

2.(р

02840-

Signature of Authorized Person

DAVID LOUGHBOROUGH

Print or Type Name of Authorized Person