



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. 130552		2. Exact name of the limited liability company Loughborough Marine Interests, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island THE PROVISION OF MARINE-RELATED SERVICES, INCLUDING, WITHOUT LIMITATION, REFIT MANAGEMENT, NEW CONSTRUCTION MANAGEMENT, RIGGING, FABRICATION AND ON WATER REPAIR	
5. Principal office address 56 BRIDGE STREET		City NEWPORT	State RI
		Zip 02840-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID LOUGHBOROUGH		Contact Title MEMBER	
Street Address 56 BRIDGE STREET		City NEWPORT	State RI
		Zip 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) <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	State	Zip	State
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
State	State	Zip	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 STEVEN M. MCINNIS, ESQ.		Address 38 BELLEVUE AVENUE	
Address		City NEWPORT	Zip 02840-

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



1 3 0 5 5 2

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 9.23.05

DAVID LOUGHBOROUGH

Print or Type Name of Authorized Person

130552 DLLC 09/01/05 03:23:41 PM
File Date 10-31-05
Check No. 17418
By: LP
FOR SECRETARY OF STATE USE ONLY



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1. ID No 130552		2. Exact name of the limited liability company Loughborough Marine Interests, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island The provision of marine-related services, including, without limitation, refit mngmt., new construction mngmt., rigging, fabrication and on-water repair services.	
5. Principal office address 56 Bridge Street		City Newport	State RI
		Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name David Loughborough		Contact Title Member	
Street Address 56 Bridge Street		City Newport	State RI
		Zip 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) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 3 0 5 5 2 *

File Date	10/29/04
Check No.	12019
By:	DS
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 **9.14.04**

DAVID LOUGHBOROUGH

Print or Type Name of Authorized Person