



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. 120165		2. Exact name of the limited liability company Wescott Industries, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island purchase, hold and sell real estate for investment	
5. Principal office address 124 TROUT DRIVE		City MIDDLETOWN	State RI
		Zip 02842-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOSEPH H OLANNACK		Contact Title	
Street Address 31 AMERICA'S CUP AVENUE		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
•Manager Name	•Manager Name	•Manager Name	•Manager Name
Street Address		•Street Address	
City	State	Zip	•City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOSEPH H. OLAYNACK, III		Address 31 AMERICA'S CUP AVENUE	
Address		City NEWPORT	Zip 02840-

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



1 2 0 1 6 5

120165 DLLC 09/15/05 03:06:01 PM

File Date 12/8/05

Check No. 1091

By: [Signature]

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] 12-1-05
Signature of Authorized Person Date
Kyle A. Borsare
Print or Type Name of Authorized Person



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401.222.3040

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. <u>120165</u>		2. Exact name of the limited liability company <u>WESCOTT INDUSTRIES, LLC</u>	
3. State of Formation <u>RHODE ISLAND</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>purchase, hold and sell real estate of all types for investment</u>	
5. Principal office address <u>124 TROUT DRIVE</u>		City <u>MIDDLETOWN</u>	State <u>RI</u>
		Zip <u>02842</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Joseph H. Olagnack III</u>		Contact Title .	
Street Address <u>31 America's Cup. Ave.</u>		City <u>Newport</u>	State <u>RI</u>
		Zip <u>02840</u>	
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
Manager Name	• Manager Name		
Street Address	• Street Address		
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <u>Joseph H. Olagnack III</u>		Address <u>31 America's Cup. Ave.</u>	
Address eg		City <u>Newport</u>	Zip <u>02840</u>

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

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.

Kyle A. Borsare 12.31.04
Signature of Authorized Person Date
KYLE A. BORSARE
Print or Type Name of Authorized Person

File Date	<u>1/14/05</u>
Check No.	<u>1047</u>
By:	<u>DA</u>
FOR SECRETARY OF STATE USE ONLY	



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120165		2. Exact name of the limited liability company Wescott Industries, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island purchase, hold and sell real estate of all types for investment	
5. Principal office address 124 TROUT DRIVE		City MIDDLETOWN	State RI
		Zip 02842-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOSEPH H. OLAYNACK III		Contact Title	
Street Address 31 AMERICA'S CUP AVENUE, PO BOX 389		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	Zip	City	State
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	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 JOSEPH H. OLAYNACK, III		Address 31 AMERICA'S CUP AVENUE	
Address CORCORAN, PECKHAM, HAYES & GALVIN, PC		City NEWPORT	Zip 02840-

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



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120165 DLLC 09/30/03 12:01:02 PM	
File Date	11/17/03
Check No.	1022
By:	[Signature]
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

KYLE A. BORSAPE
Print or Type Name of Authorized Person



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

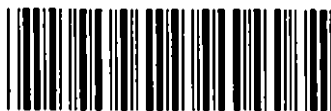
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120165		2. Exact name of the limited liability company Aquidneck Custom Composites, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BOAT BUILDING + REPAIR	
5. Principal office address 124 TROUT DRIVE		City MIDDLETOWN	State RI
		Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name KYLE A. BORSARE		Contact Title PARTNER	
Street Address 124 TROUT DRIVE		City MIDDLETOWN	State RI
		Zip 02842	
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 [REDACTED] CAB		Manager Name	
Street Address [REDACTED]		Street Address	
City	State	City	State
	Zip		Zip
Manager Name [REDACTED] CAB		Manager Name	
Street Address [REDACTED]		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 WILLIAM A. KOFFLER		Address	
Address 124 TROUT DRIVE		City MIDDLETOWN	Zip 02842

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



* 1 2 0 1 6 5 *

File Date	9.30.02
Check No.	869
By:	[Signature]
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] 9/6/02
Signature of Authorized Person Date
William A. KOFFLER
Print or Type Name of Authorized Person