



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. 103770		2. Exact name of the limited liability company a Angelita Group, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, OWN, MANAGE, LEASE AND CHARTER MARINE VESSELS	
5. Principal office address 11 Puritan Road		City Rye	State NY
		Zip 10580	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ann G. Croll		Contact Title 	
Street Address 11 Puritan Road		City Rye	State NY
		Zip 10580	
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 Sam Croll		Manager Name Henry Skelley	
Street Address 11 Puritan Road		Street Address Summit Terrace	
City Rye	State NY	City Rye	State NY
Zip 10580		Zip 10580	
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 PETER BRENT REGAN		Address 130 BELLEVUE AVENUE, UNIT 2	
Address SAYER REGAN THAYER & FLANAGAN		City NEWPORT	Zip 02840

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.

Ann G. Croll
Signature of Authorized Person Date
Ann
Sam Croll, Manager
Print or Type Name of Authorized Person

File Date <u>12/13/05</u>
Check No. <u>4736</u>
By: <u>[Signature]</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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 103770		2. Exact name of the limited liability company Angelita Group, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, OWN, MANAGE, LEASE AND CHARTER MARINE VESSELS			
5. Principal office address 11 PURITAN ROAD		City RYE	State NY	Zip 10580	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name ANN G CROLL Contact Title					
Street Address 11 PURITAN ROAD		City RYE	State NY	Zip 10580	
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 Ann G Croll		Manager Name			
Street Address 11 Puritan Road		Street Address			
City Rye	State NY	Zip 10580	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 PETER BRENT REGAN			Address 130 BELLEVUE AVENUE, UNIT 2		
Address SAYER REGAN THAYER & FLANAGAN			City NEWPORT		Zip 02840

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



1 0 3 7 7 0

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.

Ann G. Croll

Signature of Authorized Person

Date

Ann
Sam Croll, Manager

Print or Type Name of Authorized Person

103770 DLLC 09/02/04 10:37:16 AM

File Date 11/24/04

Check No. 4398

By: W.

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. 103770		2. Exact name of the limited liability company Angelita Group, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, OWN, MANAGE, LEASE AND CHARTER MARINE VESSELS.	
5. Principal office address 11 PURITAN ROAD		City RYE	State NY Zip 10580
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ANN G. CROLL		Contact Title .	
Street Address 11 PURITAN ROAD		City RYE	State NY Zip 10580
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 ANN G. CROLL		*Manager Name .	
Street Address 11 Puritan Road		*Street Address .	
City Rye	State NY	Zip 10580	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 PETER BRENT REGAN		Address 130 BELLEVUE AVENUE, UNIT 2	
Address SAYER REGAN THAYER & FLANAGAN		City NEWPORT	Zip 02840

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



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103770 DLLC 09/16/03 10:12:15 AM	
File Date	10/8/03
Check No.	1180
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 10/3/03

Ann G. Croll, Manager
Print or Type Name of Authorized Person



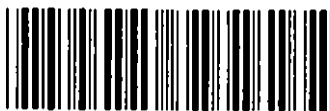
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 103770		2. Exact name of the limited liability company Angelita Group, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, OWN, MANAGE, LEASE AND CHARTER MARINE VESSELS	
5. Principal office address 11 Puritan Road		City Rye	State NY
		Zip 10580	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ann G. Croll		Contact Title Manager	
Street Address 11 Puritan Road		City Rye	State NY
		Zip 10580	
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 Ann G. Croll		* Manager Name .	
Street Address 11 Puritan Road		* Street Address .	
City Rye	State NY	Zip 10580	* City .
* Manager Name .		* State .	
* Street Address .		* Zip .	
City .		State .	Zip .
* Manager Name .		* State .	
* Street Address .		* 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 PETER BRENT REGAN		Address SAYER, SAYER, REGAN & THAYER	
Address 130 BELLEVUE AVENUE, UNIT 2		City NEWPORT	Zip 02840

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



* 1 0 3 7 7 0 *

File Date	10-1-02
Check No.	3290
By:	2
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.

Ann G. Croll 9/25/02
Signature of Authorized Person Date

Ann G. Croll, Manager
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 103770

Annual Report for the year 2001

1. The name of the limited liability company is:

Angelita Group, LLC

2. The address of the principal office of the limited liability company is:

11 Puritan Road, Rye, NY 10580

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: PETER BRENT REGAN

SAYER, SAYER, REGAN & THAYER 130 BELLEVUE AVENUE, UNIT 2 NEWPORT RI 02840

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 11 Puritan Road, Rye, NY 10580, Ann G. Croll - Manager

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Acquire, own, manage, lease and charter maritime vessels

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Ann G. Croll

11 Puritan Road, Rye, NY 10580

Dated _____



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.

Angelita Group, LLC

Exact Name of Limited Liability Company

By

Ann G. Croll

Ann G. Croll - Manager

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-2-01</u>
Check No.:	<u>4906</u>
By:	<u>re</u>

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401.222.3040 or from our web site at www.state.ri.us

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 103770

Annual Report for the year 2000

1. The name of the limited liability company is:

Angelita Group, LLC

2. The address of the principal office of the limited liability company is:

11 Puritan Road, Rye, NY 10580

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: PETER BRENT REGAN

SAYER, SAYER, REGAN & THAYER 130 BELLEVUE AVENUE, UNIT 2 NEWPORT RI 02840

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Ann G. Croll, Manager - 11 Puritan Road, Rye, NY 10580

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Acquire, own, manage, lease and charter marine vessels.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

<i>Name</i>	<i>Address</i>
-------------	----------------

Ann G. Croll

11 Puritan Road, Rye, NY 10580

Dated

10/2/00



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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.

Angelita Group, LLC

Exact Name of Limited Liability Company

By

Ann G. Croll

Ann G. Croll, manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10/27

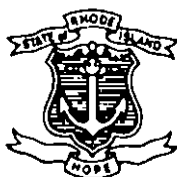
Check No.: 2294

By:

[Signature]

Form No. 632
Revised 01/99

**To be filed annually between
September 1 and November 1**



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

ID Number LL 103770

Annual Report for the year 1999

1. The name of the limited liability company is: Angelita Group, LLC
2. The address of the principal office of the limited liability company is: 11 Puritan Road, Rye, NY 10580
3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
4. The name and address of its resident agent is: PETER BRENT REGAN
SAYER, SAYER, REGAN & THAYER 130 BELLEVUE AVENUE, UNIT 2 NEWPORT, RI 02840
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 11 Puritan Road, Rye NY 10580, Ann G. Croll - manager
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Acquire, own, manage, lease and charter maritime vessels
7. If the limited liability company has managers, the name and address of each manager of the limited liability company
- | Name | Address |
|---------------------|---------------------------------------|
| <u>Ann G. Croll</u> | <u>11 Puritan Road, Rye, NY 10580</u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |

Dated 10/12/99



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.

Angelita Group, LLC

Exact Name of Limited Liability Company

By

Am A. Cull

Ann G. Croll - Manager

Title

Form No. 632
Revised 01/99