

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

iling Period: Septemb FORM MUST BE TYPED (OR PRINTED IN BLA	(CK)	0.00		
	Exact name of the lin	· · ·			
103770 . State of Formation	a Angel	ita Group, I	LLC		
RHODE ISLANI	ACOUTER		business which is actually conducte SE AND CHARTER MARINE		
Principal office address			City	State	Zip
1 Puritan Road			Rye	NY	10580
ontact Name	SS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE Contact Title	OF CONTACT PERS	ION:
nn G. Croll			•		
reet Address			City	State	Zip
l Puritan Road			. Rye	ИУ	10580
AI	FILL IN S	PACES BEFORE USING	ABITED LIABILITY CON ATTACHMENTS ("X" BOX IRES FILING OF AMENDMENT.	FOR ATTACHMENT) 🔲	
nager Name			• Manager Name		
am Croll			: Henry SI	kelsey.	
reet Address			· Sircei Address		
1 Puritan Road			· Court T	ewall	
ily	State	Zip	City	State	Zip
ye		10580	. Viye	l. 🎌 ː	10260
unager Name			Manager Name		
reel Address			·Street Address		
ty'	State	Zip	.City	State	Zip
		'	•		'
RESIDENT AGENT	IN RHODE ISLAN	D-DO NOT ALTER- Ch	anges require filing of	Form 642 - R.I.GL, 7-16	
ent Name			Address		····
ETER BRENT REC	3AN		130 BELLEVUE	AVENUE, UNIT 2	
idress			City	Zip	. =
AYER REGAN THA	YER & FLANAG	AN	NEWPORT	<u> </u>	2840
hin managa managa ka a si	anadin into the	n authorized person j	21666		
	,		Under penalty of	perjury, I declare and affiring any accompanying sch	
File Daie 12/1. Check No. 4	1/05			Hents contained herein are	
<i>I</i> I				, Manager	
8 <u>v: </u>		-		of Authorized Person	
FOR SECRETARY OF STA	ATE USE ONLY			-	Form 632 Rev.



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: Septe			Filing Fee: \$50.0	00		
1. ID %o. 103770	2. Exact name of the limited liability company Angelita Group, LLC					
3. State of Formution	4. Bi	rief description of t	he character of the h	usiness which is actually con-	ducted in Rhode Island	
RHODE ISLAND	ACC	QUIRE, OWN,	MANAGE, LEASI	E AND CHARTER MARI	NE VESSELS	
5. Principal office addr 11 PURITAN RC				City RYE	State NY	Zip 10580
Contact Name	RESS_OF LI	MITED LIAB	ILITY COMPAN	Y AND NAME OR TO Contact Title	TLE OF CONTACT P	ERSON:
ANN G CROLL				•		
Sircei Address 11 PURITAN RO	AD			City RYE	State NY	Zip 10580
7. NAME AND AD			GER OF THE LI BEFORE USING	MITED LIABILITY CATACHMENTS ("X")	COMPANY, IF APPLI	_
				RES FILING OF AMENDME		
Manager Name		•		· Manager Name		•
Street Address				Street Address		
ll Puritan Ro	ad			•		
City Rye	Stote	•	Zip 10580	City	State	Zip
Manager Name		• • • • • •	.!:-:::	Manager Name		
Street Address	·	 ,	·	•Sircei Address		
City	State	•	Zip	City	State	Zip
8. RESIDENT AGE 4gent Name PETER BRENT I		E ISLAND -DO	NOT ALTER- Cha	inges require filing Address 130 BELLEVI	of Form 642 - R.I.G.L JE AVENUE, UNIT	
Address				City		Zip
SAYER REGAN	THAYER &	FLANAGAN		NEWPORT		
This report must b	e signed in i	ink by an auth	norized person p	ursuani to 7-16-66.		
	1 0 3 7	 7 0				
103770 DLLC (File Date \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	09/02/04 10:)	37:16 AM		signature of A	eluding any accompanying atemients contained herein with a serior of the	affirm that I have examined ag schedules and statements, in are true and correct. Date
FOR SECRETARY O	F STATE USE	ONLY			Name of Authorized Person	Form 632



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) I. ID No. 2. Exact name of the limited liabilty company 103770 Angelita Group, LLC 3. State of Formation 4. Brief description of the churacter of the business which is actually conducted in Rhode Island ACQUIRE, OWN, MANAGE, LEASE AND CHARTER MARINE VESSELS. RHODE ISLAND 5. Principal office address City State Zip 11 PURITAN ROAD RYE ΝY 10580 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title ANN G. CROLL Street Address City State Zip 11 PURITAN ROAD . RYE NY 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) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name ANN G. CROLL Street Address Street Address 11 Puritan Road City State Zip State Zip Rye NY 10580 Munager Name Manager Name Street Address ·Sircei Address City State State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 PETER BRENT REGAN 130 BELLEVUE AVENUE, UNIT 2 Address Zıp SAYER REGAN THAYER & FLANAGAN NEWPORT 02840

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



103770 DLLC 09/16/03 10:12:15 AM		
File Date 0 18/03		
Check No. 80		
B_{Y}		
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

Duit

Ann G. Croll, Manager

Print or Type Name of Authorized Person



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. 2. Exact name of the limited liability company 103770 Angelita Group, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, OWN, MANAGE, LEASE AND CHARTER MARINE VESSELS RHODE ISLAND 5. Principal office address State ll Puritan Road NY 10580 Rye 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Ann G. Croll Manager Sircei Address City State Zip ll_Puritan_Road Rve 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 ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name • Manager Name Ann G. Croll Street Address *Strcet Address ll Puritan Road City State *City Zip Rye NY 10580 Manager Name Manager Name Street Address Street Address City Sinte ,Ciny 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 PETER BRENT REGAN SAYER, SAYER, REGAN & THAYER Address 130 BELLEVUE AVENUE, UNIT 2 **NEWPORT** 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.

Signature of Authorized Person

Date

FOR SECRETARY OF STATE USE ONLY

Ann G. Croll, Manager

Print or Type Name of Authorized Person



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

D	Number	DLLC	103770

טו	Number DLLC 103770	Annual Report for the year 2001				
1.	The name of the limited liability comp	any 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	ne 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	R 130 BELLEVUE AVENUE, UNIT 2 NEWPORT RI 02840				
5.	The current mailing address of the lin	nited liability company and the name or title of a person to who	om 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 thi state: Acquire, own, manage, lease and charter maritime vessels					
7.	If the limited liability company has ma	inagers, the name and address of each manager of the limite Address	d liability company			
	Ann G. Croll	11 Puritan Road, Rye, NY 10580	· · · · · · · · · · · · · · · · · · ·			
Da	1 0 3 7 7 0	Under penalty of perjury, I declare and affirm that I report, including any accompanying schedules ar that all statements contained herein are true and corresponding. Angelita Group, LLC Exact Name of Limited Liability Company	nd statements, and			
File	FOR SECRETARY OF STATE USE ONLY Date: /O-2-0/	By and S. Croll				
Chc	cck No.: 4906	Ann G. Croll - Manager Title				
Ву:		·····•	Form No. 632 Revised 01/99			

Revised 01/99



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

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ID Number DLLC 103770

By:

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 10	580			
3.	ne 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 lin	nited 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					
7.	state: Acquire, own, manage,	f the business in which the limited liability company is actually engaged in this lease and charter marine vessels. nagers, the name and address of each manager of the limited liability company Address 11 Puritan Road, Rye, NY 10580			
Da	ted 10 2 0 0 1 0 3 7 7 0 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. Angelita Group, I.C. Exact Name of Limited Liability Company			
File	Date: 77	By Com w. Orra			
Che	ck No.: 2394	Ann G. Croll, manager Title			
	٦ ا	Form No. 632			

Revised 01/99



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 <u>LL 103770</u>	Annual Report for the year 1999		
1.	The name of the limited liability compa	ny is:		
	Angelita Group, LLC			
2.	The address of the principal office of the	ne limited liability company is:		
	11 Puritan Road, Rye, NY	10580		
3.	The state or other jurisdiction under the	e 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.		ited liability company and the name or title of a person to whom communications		
	may be directed are: 11 Puritar	Road, Rye NY 10580, Ann G. Croll - manager		
6. 7.	state: Acquire, own, manage, 1	the business in which the limited liability company is actually engaged in this lease and charter maritime vessels agers, the name and address of each manager of the limited liability company		
	Ann G. Croll	Address 11 Puritan Road, Rye, NY 10580		
Da	ted 10 18 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		
	FOR SECRETARY OF STATE USE ONLY Date: 10-15-99	By and Cull		
	ck No.: 3058	Ann G. Croll - Manager		
	amc	Title Form No. 632		