



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. 81173		2. Exact name of the limited liability company MAZZA MARINA, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE OWNERSHIP AND MARINA OPERATIONS			
5. Principal office address 250 JACKSON STREET		City ENGLEWOOD	State NJ	Zip 07631-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name FRANK MAZZA		Contact Title			
Street Address 250 JACKSON STREET		City ENGLEWOOD	State NJ	Zip 07631-	
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 None		Manager Name None			
Street Address n/a		Street Address n/a			
City n/a	State n/a	Zip n/a	City n/a	State n/a	Zip n/a
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 MERLYN O'KEEFE		Address 1220 KINGSTOWN ROAD			
Address		City PEACE DALE		Zip 02883	

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



8 1 1 7 3

*81173 DLLC 09/09/05 12:56:46 PM*
File Date <u>9/19/05</u>
Check No. <u>1347</u>
By: <u>[Signature]</u>
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] 8/13/05  
Signature of Authorized Person Date  
FRANK MAZZA  
Print or Type Name of Authorized Person



**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. 81173		2. Exact name of the limited liability company MAZZA MARINA, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE OWNERSHIP AND MARINA OPERATIONS	

5. Principal office address 250 JACKSON STREET	City ENGLEWOOD	State NJ	Zip 07631-
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name FRANK MAZZA		Contact Title .	
Street Address 250 JACKSON STREET		City ENGLEWOOD	State NJ
		Zip 07631-	

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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Manager Name None		Street Address n/a		City n/a		State n/a		Zip n/a	
Manager Name None		Street Address n/a		City n/a		State n/a		Zip n/a	
Manager Name None		Street Address n/a		City n/a		State n/a		Zip n/a	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MERLYN O'KEEFE		Address 1220 KINGSTOWN ROAD	
Address		City PEACE DALE	Zip 02883

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



8 1 1 7 3

\*81173 DLLC 09/21/04 03:15:36 PM\*

File Date 10/4/04

Check No. 1214

By: DA

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.

Frank Mazza 9/28/04  
Signature of Authorized Person Date

Frank Mazza  
Print or Type Name of Authorized Person



**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. <u>81173</u>		2. Exact name of the limited liability company MAZZA MARINA, L.L.C	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Ownership and Marina Operations	
5. Principal office address 250 Jackson Street		City Englewood	State NJ
		Zip 07631	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Frank Mazza		Contact Title .	
Street Address 250 Jackson Street		City Englewood	State NJ
		Zip 07631	
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 N/A		Manager Name N/A	
Street Address		Street Address	
City	State	Zip	City
Manager Name N/A		Manager Name N/A	
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 Merlyn P. O'Keefe		Address	
Address 1220 Kingstown Road		City Peace Dale	Zip 02879

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

9/23/03  
Date

Frank Mazza

Print or Type Name of Authorized Person

File Date	<u>9.25.03</u>
Check No.	<u>1134</u>
By:	<u>zc</u>
FOR SECRETARY OF STATE USE ONLY	



**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. D.L.L.C.81173		2. Exact name of the limited liability company MAZZA MARINA, L.L.C.			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Ownership and Marina Operations			
5. Principal office address 250 Jackson Street			City Englewood	State NJ	Zip 07631
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name Frank Mazza			Contact Title Member		
Street Address 250 Jackson Street			City Englewood	State NJ	Zip 07631
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> 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 N/A		*Manager Name N/A			
Street Address		*Street Address			
City	State	Zip	City	State	Zip
Manager Name N/A		*Manager Name N/A			
Street Address		*Street Address			
City	State	Zip	City	State	Zip
<b>B. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER: Changes require filing of Form 642 - R.I.G.L. 7-16-11.</b>					
Agent Name Merlyn P. O'Keefe			Address		
Address 1220 Kingstown Road			City Peace Dale	Zip 02879-2440	

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

File Date	10-2-02
Check No.	15886
By:	<i>[Signature]</i>
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]* 8/30/02  
Signature of Authorized Person Date  
Frank Mazza, Member  
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 81173

Annual Report for the year 2001

- The name of the limited liability company is:  
MAZZA MARINA, L.L.C.
- The address of the principal office of the limited liability company is:  
250 Jackson Street, Englewood, NJ 07631
- The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
- The name and address of its resident agent is: MERLYN O'KEEFE  
1220 KINGSTOWN ROAD PEACE DALE RI 02883
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Frank Mazza, 250 Jackson Street, Englewood, NJ 07631
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate ownership and marina operations
- If the limited liability company has managers, the name and address of each manager of the limited liability company
 

Name	Address

Dated September 18, 2001

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.



MAZZA MARINA, L.L.C.  
Exact Name of Limited Liability Company

By Frank Mazza  
Frank Mazza, Member  
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-27-01</u>
Check No.:	<u>1652</u>
By:	<u>[Signature]</u>

Form No. 632  
Revised 01/99

**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

*Handwritten initials*

**LIMITED LIABILITY COMPANY**

ID Number DLLC 81173

Annual Report for the year 2000

1. The name of the limited liability company is:

MAZZA MARINA, L.L.C.

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

250 Jackson Street, Englewood, NJ 07631

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: MERLYN O'KEEFE

1220 KINGSTOWN ROAD PEACE DALE RI 02883

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: Frank Mazza, 250 Jackson Street, Englewood, NJ 07631

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate ownership and marina operations

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

*Name*

*Address*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

MAZZA MARINA, LLC

*Exact Name of Limited Liability Company*

By *Frank Mazza*  
Frank Mazza Member

*Title*

FOR SECRETARY OF STATE USE ONLY  
File Date: 9-22-00  
Check No.: 1578  
By: AME

Filing Fee: \$50.00

AUG 27 1999

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

*6-1-0805*

**LIMITED LIABILITY COMPANY**

ID Number LL 81173

Annual Report for the year 1999

1. The name of the limited liability company is:

MAZZA MARINA, L.L.C.

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

250 Jackson Street, Englewood, NJ 07631

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: MERLYN O'KEEFE

1220 KINGSTOWN ROAD PEACE DALE, RI 02883

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: Frank Mazza, 250 Jackson Street, Englewood, NJ 07631

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate ownership and marina operations

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

Name

Address

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.



MAZZA MARINA, LLC  
Exact Name of Limited Liability Company

By *Frank Mazza*  
Frank Mazza, Member  
Title

FOR SECRETARY OF STATE USE ONLY  
File Date: \_\_\_\_\_  
Check No.: 1478  
By: \_\_\_\_\_

Form No. 632  
Revised 01/99

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 LL 81173

Annual Report for the year 1998

1. The name of the limited liability company is:

MAZZA MARINA, L.L.C.

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

250 Jackson Street, Englewood, NJ 07631

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: MERLYN O'KEEFE

1220 KINGSTOWN ROAD PEACE DALE, RI 02883

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: Frank Mazza, 250 Jackson Street,

Englewood, NJ 07631

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate ownership and marina operations

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

*Name*

*Address*

Dated November 1, 1998

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.



MAZZA MARINA, LLC

*Exact Name of Limited Liability Company*

By *Frank Mazza*

Frank Mazza, Member

*Title*

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>11-12-98</u>
Check No.:	<u>1352</u>
By:	<u>16P</u>

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

LIMITED LIABILITY COMPANY

ID Number 0081175

Annual Report for the year 1997

1. The name of the limited liability company is:

MAZZA MARINA, L.L.C.

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

250 Jackson Street, Englewood, NJ 07631

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: Merlyn P. O'Keefe

PACKER & O'KEEFE, 1220 Kingstown Road, Peace Dale, RI 02883

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: Frank Mazza, 250 Jackson Street,

Englewood, NJ 07631

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate ownership and marina operations

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

Name

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, 19\_97

PAID  
SEP 02 1997  
SECRETARY OF STATE

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.

MAZZA MARINA, LLC

Exact Name of Limited Liability Company

By Frank Mazza  
Frank Mazza  
Member

Title

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  
Corporation Division  
100 North Main Street  
Providence, RI 02903-1335

**LIMITED LIABILITY COMPANY**

LLC I.D.# 81173

Annual Report for the year **1996**

**FIRST:** The name of the limited liability company is: **MAZZA MARINA, L.L.C.**

**SECOND:** The address of the principal office of the limited liability company is:

250 Jackson Street, Englewood, NJ 07631

**THIRD:** The state or other jurisdiction under the laws of which it is formed is: **Rhode Island**

**FOURTH:** The name and address of its resident agent is:

Merlyn P. O'Keefe

Packer & O'KEEFE

1220 Kingstown Road

Peace Dale, RI 02883

**FIFTH:** The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

c/o Frank Mazza

250 Jackson street

Englewood, NJ 07631

**SIXTH:** A brief statement of the character of the business in which the corporation is actually engaged in this state:

Real estate ownership and marina operations

Dated September, 19 96

MAZZA MARINA, L.L.C.

*Exact Name of Limited Liability Company*

File Date:	<u>9/9/96</u>
Check No:	<u>1134</u>
By:	<u>KID</u>
<i>For Secretary of State Use Only</i>	

\*By Frank Mazza

*\*To be signed in the manner required by the home state.*

Frank Mazza

Member

Title

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  
Corporation Division  
100 North Main Street  
Providence, RI 02903-1335

**LIMITED LIABILITY COMPANY**

LLC I.D. # 0081173

Annual Report for the year 1995

**FIRST:** The name of the limited liability company is:

MAZZA MARINA, L.L.C.

**SECOND:** The address of the principal office of the limited liability company is:

250 Jackson Street

Englewood, NJ 07631

**THIRD:** The state or other jurisdiction under the laws of which it is formed is:

Rhode Island

**FOURTH:** The name and address of its resident agent is:

Merlyn P. O'Keefe

Packer & O'Keefe

1220 Kingstown Road

Peace Dale, RI 02883

**FIFTH:** The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

c/o Frank Mazza

250 Jackson Street

Englewood, NJ 07631

**SIXTH:** A brief statement of the character of the business in which the corporation is actually engaged in this state:

Real estate ownership and marina operations

Dated September 5, 1995

MAZZA MARINA, L.L.C.

Exact Name of Limited Liability Company

**FILED**

SEP 13 1995

By OC 1048

\*By



Frank Mazza

Title Member

\*To be signed in the manner required by the home state.