



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. 112583		2. Exact name of the limited liability company Max Holding Company, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Maritime Trades			
5. Principal office address 3852 Main Road		City Tiverton	State RI	Zip 02878	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name David M. Bohannon		Contact Title Attorney			
Street Address 205 Church Street, Suite 506		City New Haven	State CT	Zip 06510	
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 Robert Colacray		*Manager Name			
Street Address P.O. Box 2821		*Street Address			
City Edgartown	State MA	Zip 02539	*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 Richard S. Humphrey		Address			
Address 3852 Main Road		City Tiverton, Rhode Island		Zip 02878	

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



1 1 2 5 8 3

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

David M. Bohannon Oct. 11, 2005

Print or Type Name of Authorized Person

File Date	10/20/05
Check No.	11144
By:	
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. 112583		2. Exact name of the limited liability company Max Holding Company, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MARITIME TRADES			
5. Principal office address 3852 MAIN ROAD/LAW OFFICES OF RICHARD S. HUMPHR		City TIVERTON	State RI	Zip 02878-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID M BOHONNON		Contact Title Attorney			
Street Address 205 CHURCH ST. SUITE #506		City NEW HAVEN	State CT	Zip 06510-	
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 Robert Colacray		Manager Name			
Street Address P.O. Box 2821		Street Address			
City Edgartown	State MA	Zip 02539	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 RICHARD S. HUMPHREY, ESQ.		Address 3852 MAIN ROAD			
Address		City TIVERTON	Zip 02878-		

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



1 1 2 5 8 3

112583 DLLC 10/19/04 10:53:04 AM

File Date 10/22/04

Check No. 10131

By: W.

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

David M. Bohannon, Esq., Its Attorney

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. 112583		2. Exact name of the limited liability company Max Holding Company, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MARITIME TRADES	
5. Principal office address 3852 MAIN ROAD/LAW OFFICES OF RICHARD S. HUMPHREY		City TIVERTON	State RI
		Zip 02878-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID M BOHONNON		Contact Title ATTORNEY	
Street Address 205 CHURCH ST. SUITE #506		City NEW HAVEN	State CT
		Zip 06510-	
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 Robert Colacray		Manager Name	
Street Address P. O. Box 2821		Street Address	
City Edgartown	State MA	Zip 02539	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 RICHARD S. HUMPHREY, ESQ.		Address 3852 MAIN ROAD	
Address		City TIVERTON	Zip 02878-

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



1 1 2 5 8 3

112583 DLLC 10/09/03 12:03:05 PM
File Date <u>10/27/03</u>
Check No. <u>10046</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] 10/9/03
Signature of Authorized Person Date
David M. Bohannon, Its Attorney
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. *112583*		2. Exact name of the limited liability company Max Holding Company, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Maritime Trades			
5. Principal office address 3852 MAIN ROAD/LAW OFFICES OF RICHARD S. HUMPHREY		City TIVERTON	State RI	Zip 02878-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID M BOHONNON		Contact Title ESQ.			
Street Address 205 CHURCH ST. SUITE #506		City NEW HAVEN	State CT	Zip 06510-	
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 ROBERT COLACRAY		*Manager Name			
Street Address P. O. BOX 2821		*Street Address			
City EDGARTOWN,	State MA.	Zip 02539	*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 RICHARD S. HUMPHREY, ESQ.		Address 3852 MAIN ROAD			
Address		City TIVERTON	Zip 02878-		

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



**112583* 10/3/02 11:21:33 AM*

File Date 10.23.02

Check No. 1479

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] Date 10/22/02
Signature of Authorized Person
David M. Bohannon, Its Attorney
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 112583

Annual Report for the year 2001

1. The name of the limited liability company is:

Max Holding Company, LLC

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

3852 Main Road, Tiverton, Rhode Island, 02878

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: RICHARD S. HUMPHREY, ESQ.

3852 MAIN ROAD TIVERTON RI 02878-

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: Bohonnon Law Firm, LLC 205 Church Street, Suite #506;

New Haven, CT 06510 Attention: Attorney David M. Bohonnon

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Maritime Trades;

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

Name	Address
<u>Robert Colacray</u>	<u>P. O. Box 2821</u>
	<u>Edgartown, MA 02539</u>

Dated October 10, 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.



1 1 2 5 8 3

Max Holding Company, LLC
Exact Name of Limited Liability Company

By [Signature]
David M. Bohonnon
Its Attorney
Title

FOR SECRETARY OF STATE USE ONLY
 File Date: 10-11-01
 Check No.: 1409
 By: [Signature]