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.	2. Exact name of the limited liability company
125085	Cray-Z-Cat Adventures, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	Marine Operations - Boat charters

5. Principal office address	City	State	Zip
100 Folly Landing, Apt. D5	Warwick	RI	02886

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Kenneth G. Cray	Manager

Street Address	City	State	Zip
36 Whiting Way	Needham	MA	02492

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	Street Address	City	State	Zip
Kenneth G. Cray	36 Whiting Way	Needham	MA	02492

Manager Name	Street Address	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	Address	City	Zip
Kenneth G. Cray	100 Folly Landing, APT. D5	Warwick	02886

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

[redacted] 1 2 5 0 8 5

[redacted]

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.

Kenneth G. Cray 12/27/05
Signature of Authorized Person *Date*

[redacted] Kenneth G. Cray
Print or Type Name of Authorized Person

File Date	12/28/05
Check No.	2258
By:	

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

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	2 Exact name of the limited liability company
125085	Cray-Z-Cat Adventures, LLC

3 State of Formation	4 Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	MARINE OPERATIONS - BOAT CHARTERS

5 Principal office address	City	State	Zip
100 Folly Landing, Apt. D5	Warwick	RI	02886

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Kenneth G. Cray	Manager

Street Address	City	State	Zip
36 Whiting Way	Needham	MA	02492

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	Street Address	City	State	Zip
Kenneth G. Cray	36 Whiting Way	Needham	MA	02492

Manager Name	Street Address	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	Address	City	Zip
KENNETH G. CRAY	100 FOLLY LANDING, APT. D5	WARWICK	02886-

*This report must be **signed in ink** by an authorized person pursuant to R.I.G.L. 7-16 66.*

[redacted]

* 1 2 5 0 8 5 *

[redacted]

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.

Kenneth G. Cray 10/3/04
Signature of Authorized Person *Date*

[redacted]

Kenneth G. Cray
Print or Type Name of Authorized Person

File Date 10/6/04
Check No 2038
By: VS

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev 7/03

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.	2. Exact name of the limited liability company
125085	Cray-Z-Cat Adventures, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	MARINE OPERATIONS - BOAT CHARTERS

5. Principal office address	City	State	Zip
100 Folly Landing, Apt. D5	Warwick	RI	02886

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Kenneth G. Cray	Manager

Street Address	City	State	Zip
36 Whiting Way	Needham	MA	02492

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	Street Address	City	State	Zip
Kenneth G. Cray	36 Whiting Way	Needham	MA	02492

Manager Name	Street Address	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	Address	City	Zip
KENNETH G. CRAY	100 FOLLY LANDING, APT. D5	WARWICK	02886-

*This report must be **signed in ink** by an authorized person pursuant to R.I.G.L. 7-16-66.*

* 1 2 5 0 8 5 *

File Date 11/19/03
Check No 1844
By: DH

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.

Kenneth G Cray 10/15/03
Signature of Authorized Person *Date*

Kenneth G. Cray
Print or Type Name of Authorized Person

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 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
"125085"	Cray-Z-Cat Adventures, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	Marine Operations - Boat Charters

5. Principal office address	City	State	Zip
100 Folly Landing, Apt. D5	Warwick	RI	02886

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Kenneth G. Cray	Manager

Street Address	City	State	Zip
36 Whiting Way	Needham	MA	02492

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BELOW USING ATTACHMENTS IF NECESSARY (X" BOX FOR ATTACHMENT ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-62

Manager Name	Street Address	City	State	Zip
Kenneth G. Cray	36 Whiting Way	Needham	MA	02492

Manager Name	Street Address	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	Address	City	Zip
KENNETH G. CRAY	100 POLLY LANDING, APT. D5	WARWICK	02886-

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

[redacted] *125085*

"125085 DLLC1/26/034:38:42 PM"
File Date 1-30-03
Check No. 1015
By: VP
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Kenneth G. Cray 1/24/03
Signature of Authorized Person *Date*

[redacted] Kenneth G. Cray
Print or Type Name of Authorized Person

Form 632 Rev. 6/02