

#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

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

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

401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_

2005

(FORM MUST BE TYPED OR PRE							
1 II) No. 2 Exact name of the limited liability company							
97716 North	97716 Northrop and Johnson Yacht Charters, LLC						
3 State of Formation	4. Brief descript	ion of the character of the bu	isiness which is actually conducted in R	bode Island			
RHODE ISLAND	Manage m	ent					
5. Principal office address			City	State	Zip		
26 Coddington Whar	f		Newport	RI	<b>\$</b> 2840		
6. MAILING ADDRESS OF	LIMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTA	CT PERSON:	•		
Contact Name			: Contact Title				
Caryn Johnston Fosto	er		Member				
Street Address			City	State	Zw		
26 Coddington Whar	f		Newport	R1	02840		
7. NAME AND ADDRESS O	F EACH MANA	GER OF THE LIMITE	D LIABILITY COMPANY, IF A	PPLICABLE	' -		
	FILL IN S	PACES BEFORE USING	GATTACHMENTS ("X" BOX	FOR ATTACHMENT)			
ANY MOD	IFICATIONS T	O MANAGERS REQUI	RES FILING OF AMENDMENT	, R.I.G.L. 7-16-12 (a)	(2) / 7-16-52		
Manager Name			Manager Name	Manager Name			
no managers							
Street Address		·	Street Address	<del></del>	·		
			•				
City	State	ZΨ	City	State	Zφ		
Manager Name	•••••••••••	• • • • • • • • • • • • • • • • • • • •	Manager Name				
<u></u>							
Street Address			Street Address	Street Address			
				_			
City	State	Zip	City	State	Zip		
	İ	- 1					
	IODE ISLAND	- DO NOT ALTER - C	hanges require filing of Fori	n 642 - R.I.G.L. 7-16	-11		
Agent Name			Address				
DANIEL STONE, ESQ.		<u> </u>					
Address			City	<u> </u>	<b>Z</b> ip		
260 WEST EXCHANGE STREE	ET, SUITE 305-2		PROVIDENCE				
				<del></del>	<u> </u>		

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

	*97716*
File Date Check No.	9/19/05
By:	FOR SECRETARY OF STATE USE ONLY

Under penalty of peciury, I declare and affirm that I have examined this report, including any agrommanying schedules and statements, and that all statements, contained herein are true and correct.
auntalmolon Juster 9/5/05
Signature of Authorized Person  Caryn Johnston Foster. Authorized Person
Print or Type Mame of Authorized Descou



# 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 \_\_\_\_

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. ID No. 2. Exact name of the limited Hability company 97716 Northrop and Johnson Yacht Charters, LLC 3. State of Formation 4 Brief description of the character of the business which is actually conducted in Rhode Island YACHT CHARTER BROKERAGE AND YACHT MAINTENANCE **RHODE ISLAND** 5 Principal office address State 26 Coddington Wharf Newport RI d2840 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Caryn Johnston Foster Member Street Address Cin 26 Coddington Wharf Newport 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 no managers Street Address Street Address State 7.10 City Zin Manager Name Street Address Street Address 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 DANIEL STONE Addnes Zip 260 WEST EXCHANGE STREET, SUITE 305-2 **PROVIDENCE** 02903

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

	* 9 7 7 1 6 *
File Date	9/13/04
Check No	2572
Ву:	DA
FOR	SECRETARY OF STATE USE ONLY

Under penalty of periory, I declare and including any accompanying schedules	affirm that I have ex	camined this report.
contained herein are true and correct.	s and statements, and	mar an statements.
Alas Alas Alas	Lety	Winker
MANNE LASIM DID	7(000)01	110104
Signature of Authorized Person	Date	7
Caryn Johnston Foster, A	Authorized Per	son



#### 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 401.222.3046

IMITED LIARILITY COMPANY ANNHAL DEPORT FOR THE

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR						2003			
ung Perioa: Septei FORM MUST BE TYPED			Filing Fee: \$50.00						
1. ID No.	2. Exact nar	ne of the limited Hability	r company						
97716	No	orthrop and Johnson	Yacht Charters, LLC						
3. State of Formation	4.	Brief description of the	character of the business whi	ch is actually conducted in F	Rbode Island	<u>.</u>			
RHODE ISLAND		YACHT CHARTER E	BROKERAGE AND YAC	HT MAINTENANCE					
5. Principal office address 0 Lee's Wharf				Newport	R R	aic I	-	2840	
6. MAILING ADDRE	ESS OF LIMI	ITED LIABILITY C	OMPANY AND NAME	OR TITLE OF CONTA	CT PERSON	:	!	,	
Contact Name Caryn Johnston	n Foster			Contact Tale Member					
O Lee's Wharf				C(t)- Newport	R R	ate I	(	Ž840	
		FILL IN SPACES I	F THE LIMITED LIABI BEFORE USING ATTAC AGERS REQUIRES FIL	HMENTS ("X" BOX	FOR ATTAC	[HMENT] [ 16-12 (a) (	] 2) / 7·16	-52	- سعر
Sirect Address				Sirvi Addres					
City	Sic	ute	Zip	Cuy	St	ale		Zip	
Manager Name	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••	***************************************	Manager Name	l	***********		*******	· • • • • • • • • • • • • • • • • • • •
Street Address				Street Address		<del>.</del>		<u>.</u>	
Güy	Ste	ite	Zlp	City	St	nic		Zip	_
3. RESIDENT AGEN Agent Name DANIEL STONE	T IN RHOD	DE ISLAND - DO N	OT ALTER - Changes	: require filing of For   Address	l m 642 - R.1.	.G.I 7-16-1	1		
address 260 WEST EXCHANG	E STREET, S	UITE 305-2		PROVIDENCE		Z	02903		
				<del> </del>					

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

	* 9 7 7 1 6	
File Date	10 11 103	^
Check No.	2238	
Ву:	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined th	is report
including any accompanying schedules and statements, and that all sta	
contained herein are true and correct.	
(diality of the ball to	_
JULIA FRANCIA (POFIZ 4201)	2
Signature of Authorized Person Date -	_
// \	
Caryn Johnston Foster, Authorized Person	
Print or Type Name of Authorized Person	



Check No.

FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, 111. 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 TYP					<u>.                                    </u>		
<i>I. ID No.</i> 97716		name of the limited le					
3. State of Formation	<u></u>	4. Brief description of	the character of the	business which is actually conduct	ed in Rhode Island		
RHODE ISLAND		YACHT CHARTER	R BROKERAGE AN	D YACHT MAINTENANCE			
5. Principal office addr 0 Lee's Wharf	ress			City Newport	State R1		Zip )2840
6. MAILING ADD	RESS O	F LIMITED LIA	BILITY COMPA	NY AND NAME OR TITL	E OF CONTACT P	ERSON:	<del></del>
Contact Name Caryn Johnston				Contact Title Member			
Street Address 0 Lec's Wharf				Newport	State		7. 12840
7. NAME AND ADI		FILL IN SPACES	BEFORE USING		X FOR ATTACHMENT	<i>7</i> .	
Manager Name	ANT MO	JUINICATIONS TO N	ANAGERS REQUI	RES FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a) (	2) / 7-16-52	
no managers				• Manager Name •			
Street Address			<u> </u>	Street Address			
				• •			
City		State	Zip	City	State		Zip
Manager Name	• • • •	J	J	Manager Name			
Street Address		<u>.</u> .	<del></del>	Street Address		<u>.                                      </u>	
City		State	Zip	City	State		Zip
8. RESIDENT AGE	NT IN RI	HODE ISLAND -DO	NOT ALTER- Ch.	anges require filing of	Form 642 - R.I.G.I.	7-16-11	<del></del>
Agent Name  DANIEL STONE				Address			
Address			<del></del> .	City	· · · · · ·	Zip	
260 WEST EXCHANG	E STREET	, SUITE 305-2		PROVIDENCE	PROVIDENCE 02903		
This report must be	e signed	in ink by an aut	horized person j	oursuant to 7-16-66.			
File Date	9	11.02		this eport, includ	periury, I declare and ing any accompanying ents contained herein	g schedules ar	nd statements.

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

#### **4€**000 s

#### LIMITED LIABILITY COMPANY

ID	Number DLLC 97716	Annual Report for the year 2001			
1.	The name of the limited liability comp	pany is:			
Northrop and Johnson Yacht Charters, LLC					
2.	The address of the principal office of	the limited liability company is:			
	0 Lee's Wharf, Newport	, RI 02840			
3.	The state or other jurisdiction under t	he laws of which it is formed is RHODE ISLAND			
4. The name and address of its resident agent is: DANIEL STONE					
	SUITE 305-2 260 WEST EXCHANG	E STREET PROVIDENCE RI 02903			
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: North	op and Johnson Yacht Charters, LLC, 0 Lee's			
	Wharf, Newport, RI 028	40; Attn: Caryn Johnston Foster			
6.	6. A brief statement of the character of the business in which the limited liability company is actually engaged in the state:  yacht charter brokerage and yacht maintenance				
7.	If the limited liability company has ma	anagers, the name and address of each manager of the limited liability company  Address			
	no managers				
Da	ited	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.			
	9 7 7 1 6	Northrop and Johnson Yacht Charters, LLC  Exact Name of Limited Liability Company			
File	FOR SECRETARY OF STATE USE ONLY Date: $G = 12 - 01$	By Aum Lower Loser			
Che	ck No.: 1823	Title			
Ву:	2	Form No. 632 Revised 01/99			

DETACH BOTTOM BEFORE RETURNING

Filing Fee: \$50.00

# To be filed annually between September 1 and November 1



FOR SECRETARY OF STATE USE ONLY

File Date:

Check No.:

By:

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 97716	Annual Report for the year 2000				
The name of the limited liability company is:						
	Northrop and Johnson Yacht Charters, LLC					
2.	The address of the principal office of the limited liability company is:  0 Lec's Wharf, Newport, RI 02840					
3.	The state or other jurisdiction under the lav	vs of which it is formed is RHODE ISLAND				
4.	The name and address of its resident agen	it is: DANIEL STONE				
	SUITE 305-2 260 WEST EXCHANGE STR	REET PROVIDENCE RI 02903				
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:  Northrop and Johnson Yacht Charters, LLC, 0 Lee's Wharf, Newport, RI  02840; Attn: Caryn Johnston					
6.	. A brief statement of the character of the business in which the limited liability company is actually engaged in the state:  Yacht charter brokerage and yacht mainenance					
7.	If the limited liability company has manage Name no managers	rs, the name and address of each manager of the limited liability company  Address				
Da	September 15, 2000	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.				

Title

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 <u>LL 977</u> 16	Annual Report for the year 1999
1.	The name of the limited liability company	ris:
	Northrop and Johnson Yacht Charters, L	LC
2.	The address of the principal office of the	limited liability company is:
	O Lee's Wharf, Newport, I	RI 02840
3.	The state or other jurisdiction under the I	aws of which it is formed is RHODE ISLAND
4.	The name and address of its resident ag	ent is: DANIEL STONE
	SUITE 305-2 260 WEST EXCHANGE S	TREET PROVIDENCE, RI 02903
5.	The current mailing address of the limite may be directed are:	d liability company and the name or title of a person to whom communications  Northrop and Johnson Yacht Charters, LLC,
	0 Lee's Wharf, Newport, I	RI; Attn: Caryn Johnston Foster
6.	state: Yacht charter bro	e business in which the limited liability company is actually engaged in this kerage and yacht maintenance and Charles municipality
7.	If the limited liability company has manage Name	ers, the name and address of each manager of the limited liability company  Address
	no managers	
Dat	ted 10/4/ga	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.
		Northrop and Johnson Yacht Charters, LLC
	* 9 7 7 1 6 *	Exact Name of Limited Liability Company
	FOR SECRETARY OF STATE USE ONLY Date: 10-12-99	& aum Johnston Joster
	ck No.: 1479	Member
Ву:	AME	Title 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 LL 97716	Annual Report for the year 1998
1.	The name of the limited liability com	pany is:
	Northrop and Johnson Yacht Charte	rs, LLC
2.	The address of the principal office of the limited liability company is:  0 Lee's Wharf, Newport, Rhode Island 02840	
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: DANIEL STONE	
	SUITE 305-2 260 WEST EXCHANG	E STREET PROVIDENCE, RI 02903
5. The current mailing address of the limited liability company and the name or title of a p		he limited liability company and the name or title of a person to whom
	communications may be directed are	0 Lee's Wharf, Newport, Rhode Island 02840; Attn: Caryn
	Johnston Poster	
6.	A brief statement of the character	of the business in which the limited liability company is actually engaged in this
	state:Yacht charter br	okerage and yacht maintenance
7.		anagers, the name and address of each manager of the limited liability company  **Address**
	N/A	
Dat	ed 4/89 , 19 9 %	and a ballets, a policity, a decisite and stilling first i list a sixthilliad fills
		report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
	* 9 7 7 1 6 *	Northrop and Johnson Yacht Charters, LLC  Exact Name of Limited Liability Company
ile l	POR SECRETARY OF STATE USE ONLY Date: 9.30.76	Joseph Forster
Chec	k No.: 100	Py July (No Cool
Ву:	W	Methoder \ Title