



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. <b>97994</b>		2. Exact name of the limited liability company <b>R &amp; R DOCK COMPANY, L.L.C.</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>DOCK WITH ATTACHED LAND</b>	
5. Principal office address <b>1151 SUCCOTASH ROAD</b>		City <b>JERUSALEM</b>	State <b>RI</b>
		Zip <b>02879</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>STUART ROBINSON</b>		Contact Title <b>PRINCIPAL</b>	
Street Address <b>1151 SUCCOTASH ROAD</b>		City <b>NARRAGANSETT</b>	State <b>RI</b>
		Zip <b>02882</b>	
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 <b>DONNA V. ROBINSON</b>		Manager Name	
Street Address <b>1151 SUCCOTASH ROAD</b>		Street Address	
City <b>NARRAGANSETT</b>	State <b>RI</b>	Zip <b>02882</b>	
Manager Name <b>STUART B. ROBINSON</b>		Manager Name	
Street Address <b>1151 SUCCOTASH ROAD</b>		Street Address	
City <b>NARRAGANSETT</b>	State <b>RI</b>	Zip <b>02882</b>	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>STUART B. ROBINSON</b>		Address	
Address <b>1151 SUCCOTASH ROAD</b>		City <b>NARRAGANSETT</b>	Zip <b>02882</b>

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



File Date 11/17 \*97994\*  
Check No. 1113  
By: JB

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.

Stuart B. Robinson 9-6-05  
Signature of Authorized Person Date

STUART B. ROBINSON  
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  
109 North Main Street  
Providence, RI 02903-1335  
(401) 222-3640

# 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. <b>97994</b>		2. Exact name of the limited liability company <b>R &amp; R DOCK COMPANY, L.L.C.</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>DOCK WITH ATTACHED LAND</b>	
5. Principal office address <b>115 SUCCOTASH ROAD</b>		City <b>NARRAGANSETT</b>	State <b>RI</b>
		Zip <b>02882</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>STUART ROBINSON</b>		Contact Title <b>MGR</b>	
Street Address <b>2 FORGE ROAD NORTH</b>		City <b>WILTON</b>	State <b>CT</b>
		Zip <b>06897</b>	
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 <b>DONNA ROBINSON</b>		Manager Name <b>STUART ROBINSON</b>	
Street Address <b>2 FORGE ROAD N.</b>		Street Address <b>2 FORGE ROAD N</b>	
City <b>WILTON</b>	State <b>CT</b>	City <b>WILTON</b>	State <b>CT</b>
Zip <b>06897</b>		Zip <b>06897</b>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <b>STUART B. ROBINSON</b>		Address	
Address <b>1151 SUCCOTASH ROAD</b>		City <b>NARRAGANSETT</b>	Zip <b>02882</b>

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



\* 9 7 9 9 4 \*

File Date **9/20/04**

Check No. **1101**

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.

**Stuart B. Robinson** **9-17-04**  
Signature of Authorized Person Date

**STUART B. ROBINSON**  
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  
401 222-7340

# 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. <b>97994</b>		2. Exact name of the limited liability company <b>R &amp; R DOCK COMPANY, L.L.C.</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>DOCK WITH ATTACHED LAND</b>	
5. Principal office address <b>1151 SUCCOTASH ROAD</b>		City <b>NARRAGANSETT</b>	State <b>RI</b>
		Zip <b>02882</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>DONNA ROBINSON &amp; STUART ROBINSON</b>		Contact Title <b>PRINCIPALS/MGRS</b>	
Street Address <b>2 FORGE ROAD NORTH</b>		City <b>WILTON</b>	State <b>CT</b>
		Zip <b>06817</b>	
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 <b>STUART ROBINSON</b>		Manager Name <b>DONNA ROBINSON</b>	
Street Address <b>1151 SUCCOTASH RD</b>		Street Address <b>1151 SUCCOTASH RD</b>	
City <b>NARRAGANSETT</b>	State <b>RI</b>	City <b>NARRAGANSETT</b>	State <b>RI</b>
Zip <b>02882</b>		Zip <b>02882</b>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <b>STUART B. ROBINSON</b>		Address	
Address <b>1151 SUCCOTASH ROAD</b>		City <b>NARRAGANSETT</b>	Zip <b>02882</b>

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



\* 9 7 9 9 4 \*

File Date	<b>10-15-03</b>
Check No	<b>1080</b>
By	<b>Dr</b>
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.

<b>Donna V. Robinson</b>	<b>10/11/03</b>
<b>Stuart B. Robinson</b>	<b>9-11-03</b>
Signature of Authorized Person	Date
<b>DONNA V. ROBINSON</b>	<b>10/11/03</b>
<b>STUART B. ROBINSON</b>	<b>9/11/03</b>
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. 97994		2. Exact name of the limited liability company R & R DOCK COMPANY, 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 DOCK WITH ATTACHED LAND	
5. Principal office address 1151 SUCCOTASH ROAD		City NARRAGANSETT	State RI
		Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STUART B. ROBINSON		Contact Title MGR	
Street Address 2 FORGE ROAD NORTH		City WILTON	State CT
		Zip 06897	
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 DONNA ROBINSON		Manager Name STUART ROBINSON	
Street Address 2 FORGE ROAD NORTH		Street Address 2 FORGE ROAD NORTH	
City WILTON	State CT	City WILTON	State CT
Zip 06897		Zip 06897	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 STUART B. ROBINSON		Address	
Address 1151 SUCCOTASH ROAD		City NARRAGANSETT	Zip 02882

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



\* 9 7 9 9 4 \*

File Date 9-16-02

Check No. 1062

By: KML

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.

Stuart B. Robinson 9/12/02  
Signature of Authorized Person Date

STUART B ROBINSON  
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 97994

Annual Report for the year 2001

1. The name of the limited liability company is:

R & R DOCK COMPANY, L.L.C.

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

1151 SUCCOTASH ROAD NARRAGANSETT R.I. 02879

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: STUART B. ROBINSON

1151 SUCCOTASH ROAD NARRAGANSETT RI 02882

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: R & R DOCK Co, LLC ; c/o STUART ROBINSON

2 FORGE ROAD NORTH; WILTON CT 06897

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: DOCK WITH ATTACHED LAND

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

Name

Address

DONNA ROBINSON

2 FORGE RD NO WILTON CT 06897

STUART ROBINSON

2 FORGE RD NO WILTON CT 06897

Dated

8/28/01

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.

R & R DOCK COMPANY LLC

Exact Name of Limited Liability Company



9 7 9 9 4

FOR SECRETARY OF STATE USE ONLY

File Date:

8-30-01

Check No.:

1046

By:

2

By

Stuart B Robinson

RESIDENT AGENT

Title

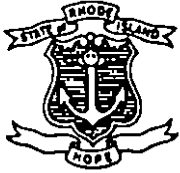
Form No. 632  
Revised 01/99

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

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 97994

Annual Report for the year 2000

1. The name of the limited liability company is:

R & R DOCK COMPANY, L.L.C.

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

1151 SUCCOTASH ROAD, NARRAGANSETT, RI 02882

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: STUART B. ROBINSON

1151 SUCCOTASH ROAD NARRAGANSETT, RI 02882

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: R+R DOCK Co, L.L.C. ; c/o STUART ROBINSON ;

2 FORGE ROAD NORTH; WILTON; CT; 06897

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: DOCK WITH ATTACHED LAND.

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

Name

Address

DONNA ROBINSON

2 FORGE ROAD NORTH, WILTON, CT 06897

STUART ROBINSON

2 FORGE ROAD NORTH, WILTON, CT 06897

Dated 9-6-00



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.

R+R DOCK COMPANY LLC

Exact Name of Limited Liability Company

By

STUART B. ROBINSON

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

10/2

Check No.:

1030

By:

cu

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 97994

Annual Report for the year 1999

1. The name of the limited liability company is:  
R & R DOCK COMPANY, L.L.C.
2. The address of the principal office of the limited liability company is:  
1151 SUCCOTASH ROAD, NARRAGANSETT, RI 02882
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: STUART B. ROBINSON  
1151 SUCCOTASH ROAD NARRAGANSETT, RI 02882
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: R+R DOCK Co, L.L.C. C/O STUART ROBINSON  
2 FORGE ROAD NORTH, WILTON, CT 06897
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: DOCK WITH ATTACHED LAND
7. If the limited liability company has managers, the name and address of each manager of the limited liability company  

Name	Address
<u>DONNA ROBINSON</u>	<u>2 FORGE ROAD NORTH, WILTON, CT 06897</u>
<u>STUART ROBINSON</u>	<u>2 FORGE ROAD NORTH, WILTON, CT 06897</u>

Dated 9-14-99



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.

R+R DOCK COMPANY, L.L.C.  
Exact Name of Limited Liability Company

By Stuart B. Robinson  
RESIDENT AGENT  
Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-17-99

Check No.: 1018

By: AMF

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 97994

Annual Report for the year 1998

1. The name of the limited liability company is:

R & R DOCK COMPANY, L.L.C.

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

1151 SUCCOTASH ROAD, NARRAGANSETT, RI 02882

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: STUART B. ROBINSON

1151 SUCCOTASH ROAD NARRAGANSETT, RI 02882

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: R+R DOCK Co, L.L.C. ; c/o STUART ROBINSON ;

2 FORGE ROAD NORTH; WILTON; CT; 06897

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: DOCK WITH ATTACHED LAND.

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

Name

Address

DONNA ROBINSON  
STUART ROBINSON

2 FORGE ROAD NORTH, WILTON, CT 06897  
2 FORGE ROAD NORTH, WILTON, CT 06897

Dated 9-17, 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.

R+R DOCK COMPANY, L.L.C.  
Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date: 9-23-98

Check No.: 1006

By: llp

By: Stuart B. Robinson

RESIDENT AGENT

Title

Form No. LLC-19  
Revised 8/97

DETACH BOTTOM BEFORE RETURNING