

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: S (FORM MUST BE T				<u> </u>	<u></u>				
1. ID No. 97994		2 Exact name of the limited liability company R & R DOCK COMPANY, L.L.C.							
3 State of Formation 4. Brief description of the character of the Inistness u DOCK WITH ATTACHED LAND				ess which is actually conducted in Rh	which is actually conducted in Rhode Island				
5. Principal office of 1151		MASH K	POAD	JERUSALET	n State RI	02879			
6. MAILING AI	DRESS OF L	MITED LIABILITY	COMPANY AND N	NAME OR TITLE OF CONTAC	T PERSON:				
Contact Name	TUART	ROBINSON	V	Cantact Title PRINCIPAL		_			
Single Address		ASH ROM		CILY NARRAGANS	State RT	02882			
				LIABILITY COMPANY, IF AP	. ,	•			
4		FILL IN SPACE	S BEFORE USING		FOR ATTACHMENT) 🔲	/ 7-16-52			
Manager Name		_		Manager Name	Manager Name				
DON	DA V.	ROBINSON	/						
Street Address		DSH ROAL		Street Address					
City NARRAGO	ONS ETT	State RI	Zup 02882	City	State	Zip			
Manager Name STVA	et B	ROBIA	150N	Manager Name					
Street Address	Succo	TASH KO	PAN .	Street Address					
NARRIGA	INSETT	State RI	ZIP 02882	2. City	State	Zip			
8. RESIDENT	GENT IN RH	ODE ISLAND - DO	NOT ALTER - Ch:	inges require filing of Form	n 642 - R.I.G.L. 7-16-11	•			
Agent Name				Address					
STUART B. ROB	INSON					·			
Address				City	City Zip				
1151 SUCCOTAS				NARRAGANSETT	0288	_			

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

97994
F 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

9-6-05

STUART B. ROBINSON



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 Procidence RI 02903-1335 101 222 3649

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ID No.	2 1.va.	t name of the imited hab	dity company				
97994	R&R	DOCK COMPANY, L					
State of Formati	en –	4 Bruf description of t	he character of the business w	inch is actually conducted in Rhode	Bland		
RHODE ISLA	ND	DOCK WITH ATTA	ACHED LAND	_			
Principal office			^	City	State	02882	
112	5 Suci	COTASH 1	ROAB	NARRAGANSETT	· RI	02002	
				E OR TITLE OF CONTACT F		d	
ntact Name	ر ر	0.4		Contact Tale			
	27 /A/	RUAD NUR	V30N	MGR			
cet Address	1011-	Davis		$Cd\gamma$	State	06897	
21-0	RGE.	KUAO NUK	<i>'∖7</i> }	WILTON	T (T	106591	
NAME AND	ADDRESS O	F EACH MANAGER	OF THE LIMITED LIAI	BILITY COMPANY, IF APPLI	ICABLE		
			S BEFORE USING ATTA	•	R ATTACHMENT	· -	
	ANY MOD	IFICATIONS TO MA	INAGERS REQUIRES FI	ILING OF AMENDMENT, R.I :			
orager Name 4				Manager Name	1		
DONN	<u>A KOB</u>	MSON		STURRET TUB	MOON		
eet Address 2 FUR	GE RO	AA N.		2 FORGE K	ZOAB A	/	
WILT	0/V	state C7	^{Zip} 06897	WILTON	Manager Name STUART ROBINSON MICH Address 2 FORGE ROAD N CHY WILTON SING CT 240689		
mager Name				Manager Name			
eet Address				Street Address			
r:·		State	Zç:	Cay	State	Zip	
				:			
RESIDENT .	AGENT IN RI	HODE ISLAND - DO	NOT ALTER - Change	s require filling of Form 6	42 - R.I.G.L. 7-1	16-11	
ent Name				Eddress			
TUART B. RO	BINSON						
Address			City	Zφ			
1151 SUCCOTASH ROAD			NARRAGANSETT		02882		
151 SUCCOTA	· - · · · · - / 100				·	<u> </u>	

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

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	;								*

File Date	9/20/0	<u>4</u>
Check No	1101	
Ву:	DA.	
FOR	SECRETARY OF STATE 12	SE 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.

Suasto Rohmem		9-17-04
Signature of Authorized Person	Date	



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 Dursion 160 North Main Sweet Procudence, RI 02903-1335

401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2003

(FORM MUST BE TYPE	D OR PRIN	TED IN BLACK)								
1 #D N5	2 Exact	name of the limited ha	lahiy company				•			
97994		R&R DOCK COMP	ANY, L.L.C.							
3 State of Formation 4 Brief description of the character of the business.				buch is actually conducted in Khode Isla	and	<u> </u>				
RHODE ISLAND		DOCK WITH AT	TACHED LAND	•						
 Principal office adds 				CTi State Zip						
1151 SUCCOTASH ROAD				MARCARGANSON	- <i>R</i> I	028	332			
6. MAILING ADDI			Y COMPANY AND NAM		RSON:					
Centact Name Do	NNA	ROBINSON	\$	Contact Life	40					
STUART	KOZ	INSON	· · · · · · · · · · · · · · ·	PRINCIPALS/MG	<i>R</i> 5					
Street Address	_		-	49r •	State	$Z_{\hat{p}}$				
2 FORGE	F Rom	D NORTH		WILTON	CZ	- 0681	17			
7. NAME AND AD	DRESS OF	FEACH MANAGEI	R OF THE LIMITED LIAI	BILITY COMPANY, IF APPLIC	ABLE					
			ES BEFORE USING ATTA	•		_				
A	NY MODI	FICATIONS TO M	ANAGERS REQUIRES FI	LING OF AMENDMENT, R.I.G	i.L. 7-16-12 (a) (2) / 7-16-52				
Manager Name	_	•		Moraager Name	•					
STUART	RoB	INSON		DONNA ROBINSON						
Sirget Address	_	_		Street Address						
1151 54	CCOT	ASH RD		Street Address 1151 SuccotAsH Rd City State 249						
City		State RI	Δφ Δ 2 99 2	OH NAKRAGAN SETI	State	- Zφ	87			
TYNKKNGRI	Y.XC.//	1/6.2					·			
Manager Name				Manager Name						
street Address				Street Address						
City		State	Zψ	Oity State		Zφ				
			,			1				
	ENT IN RH	IODE ISLAND - D	O NOT ALTER - Change	s require filing of Form 642	2 - R.I.G.L. 7-1	6-11				
Agent Name				Address						
STUART B. ROBINS	ON									
Address			-	Cdy Zap						
1151 SUCCOTASH F	ROAD			NARRAGANSETT		02882				
				-						

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	10 15-03	
Check No	/080	
<i>B</i> v		
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare one affirm that I	have examined this report
including any accompanying schedules and stateme	ents, and that all statements
Donna V. Robinson	10/11/03
Styrid Schring	9-11-03
Significate of Kathorized Person Down Date Down V. RUBINSON	10/11/03
STUART B. ROBINSON Pout or Ever Name of Authorized Person	9/11/03



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 <u>2002</u>

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 liabilty company 97994 R & R DOCK COMPANY, L.L.C. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island DOCK WITH ATTACHED LAND **RHODE ISLAND** 5. Principal office address State 02899 NARLAGANSETI SUCCOTASH Contact Title Contact Name State Street Address 06897 CT7. 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 DOWNA STUAR Street Address VORTH Cin Manager Name Manager Name Street Address Street Address State .City City Zip State 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 STUART B. ROBINSON City Zip Address 1151 SUCCOTASH ROAD **NARRAGANSETT** 02882

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



File Date 9-16-02

Check No. 1063

By: YM

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 Da

STURRY B RUBINSON

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

n	Number	DILC	97994
U	number	ULLL	3/334

ID	Number DLLC 97994	Annual Report for the year 2001
1.	The name of the limited liability company	vis:
	R & R DOCK COMPANY, L.L.C.	
2.	The address of the principal office of the //51 Succorash Road	limited liability company is: NARRAGANSETT R.T. 02879
3.	The state or other jurisdiction under the	aws of which it is formed is RHODE ISLAND
4.	The name and address of its resident ag	ent is: STUART B. ROBINSON
	1151 SUCCOTASH ROAD NARRAGAN	NSETT RI 02882
5.	may be directed are: RER DOCK	Co. LLC; C/o STURRT ROBINSON WILTON CT 06897
6. 7.	A brief statement of the character of the state: Dock with Atta	ne business in which the limited liability company is actually engaged in this CHED 【AND gers, the name and address of each manager of the limited liability company
	Name DONNA ROBINSON STUART ROBINSON	Address 2 FORGE RD NO WILTON CT 06897 2 FORGE RD NO WILTON CT 06897
Da	ated 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
	FOR SECRETARY OF STATE USE ONLY to Date: 30 - 0 / to the seck No.:	By Stuarts Robinson RESIDENT AGENT Tille
By:	a i	Form No. 632 Revised 01/99

DETACH BOTTOM BEFORE RETURNING

· Filing Fee: \$50.00

By:

To be filed annually between September 1 and November 1

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 DLLC 97994	Annual Report for the year 2000
1.	The name of the limited liability compa	any is:
2.	The address of the principal office of t	he limited liability company is:
3. 4.		ne laws of which it is formed is RHODE ISLAND
5.	communications may be directed are	ne limited liability company and the name or title of a person to whom: R+R Dock Co, LL.C.; C/o STUART ROBINSON;
6.	A brief statement of the character of state:	the business in which the limited liability company is actually engaged in this arranged Land. Enagers, the name and address of each manager of the limited liability company
7.	DONNA ROBINSON STUART RUBINSON	2 TORGE ROAD NORTH, WILTON, CT 06897
Da	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. RAR DUCK COMPANY LLC Exact Name of Limited Liability Company
	FOR SECRETARY OF STATE USE ONLY Date: O.30 eck No.:	RESIDENT AGENT
	A	Form No. 632

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				
ΙD	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. 6.	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 A brief statement of the character of the business in which the limited liability company is estuable according this			
Ο.	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 Address DONNA ROBINSON 2 FORGE ROAD NORTH, WILTON, CT 06897 STUART ROBINSON 2 FORGE ROAD NORTH, WILTON, CT 06897			
File	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 DockOmpany FOR SECRETARY OF STATE USE ONLY Date: Q-17-99 ck No.: 1018 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 DockOmpany L-L.C. Exact Name of Limited Liability Company By Stuary Results RESIDENT AGENT			
ne 3v:	Title Form No. 632 Revised 01/99			

Filing Fee: \$50.00



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 compa	any is:
	R & R DOCK COMPANY, L.L.C.	
2.	The address of the principal office of t	he limited liability company is:
	1151 SUCCUTASH ROA	D, NORRAGANSETT, RI 02882
3.	The state or other jurisdiction under the	ne 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 NARRAG	GANSETT, RI 02882
5.	The current mailing address of th	e limited liability company and the name or title of a person to whom
		R+R DOCK Co, LLC.; C/O STURRT ROBINSON;
	_	N; 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 A	ATTACHED LAND.
7.	If the limited liability company has ma	nagers, the name and address of each manager of the limited liability company **Address**
	DONNA ROBINSON	2 TORGE ROAD NORTH, WILTON, CT 06897
	STUART RUBINSON	2 FORGE ROAD NORTH, WILTON, CT 06897
Da	ated <u>9-17</u> , 19 <u>98</u>	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 E Date: 9.3.98 eck No.: 1006	By Stuark B Robinson
Ву	un	RESINSUT AGANT Title