



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. 143035		2. Exact name of the limited liability company North Caicos Ventures, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BOATING	
5. Principal office address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI
		Zip 02840-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JAMES F. HYMAN		Contact Title ESQ.	
Street Address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI
		Zip 02840	
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 N/A		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 JAMES F. HYMAN, ESQ.		Address 11 MEMORIAL BOULEVARD	
Address		City NEWPORT	Zip 02840-

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



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File Date 11-09-05

Check No. 5926

By: 1UP

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.

Jerrold T. Lundquist 3/18/05
Signature of Authorized Person Date
JERROLD T. LUNDQUIST, MEMBER
Print or Type Name of Authorized Person