



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. 130000		2. Exact name of the limited liability company Glenwood Marine, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Maritime Trades	
5. Principal office address Richard S. Humphrey/3852 Main Road		City Tiverton	State Rhode Island
		Zip 02878	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>			
Contact Name David M. Bohannon		Contact Title Attorney	
Street Address 205 Church Street, Suite 506		City New Haven	State CT
		Zip 06510	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> FILE IN SPACES BEFORE USING ATTACHMENTS (SEE 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 William S. Reading		Manager Name	
Street Address 50 Howson Lane		Street Address	
City Glenmoore	State PA	Zip 19343	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City State Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>			
Agent Name Richard S. Humphrey		Address	
Address 3852 Main Road		City Tiverton, Rhode Island	Zip 02878

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



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File Date	10/20/05
Check No.	5473
By:	<i>[Signature]</i>
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]* Date 10/11/05  
Signature of Authorized Person  
David M. Bohannon Oct. 11, 2005  
Print or Type Name of Authorized Person