



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. <u>91308</u>		2. Exact name of the limited liability company <u>INFINITE TECHNOLOGIES LLC</u>	
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Contract Engineering/Development, contract manufacturing</u>	
5. Principal office address <u>2050 Frenchtown Rd.</u>		City <u>E. Greenwich</u>	State <u>RI</u>
		Zip <u>02818</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>BARRY SHABA</u>		Contact Title <u>MANAGING PARTNER / member</u>	
Street Address <u>2050 Frenchtown Rd.</u>		City <u>E. Greenwich</u>	State <u>RI</u>
		Zip <u>02818</u>	
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		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
			State
			Zip
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
			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	
Address		City	Zip
<u>fg</u>			

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

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] managing partner  
Signature of Authorized Person Date 12-13-05

NAZANIN SHABA  
Print or Type Name of Authorized Person

File Date	<u>12-13-05</u>
Check No.	<u>2526 084405</u>
By:	<u>KML</u>
FOR SECRETARY OF STATE USE ONLY	