



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. 91308		2. Exact name of the limited liability company Infinite Technologies, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Contract Engineering/development, contract Manufacturing	
5. Principal office address 2050 Frenchtown Road		City E. Greenwich	State RI
			Zip 02818
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Barry Sahba		Contact Title Manager	
Street Address 2050 Frenchtown Rd		City E. Greenwich	State RI
			Zip 02818
7. 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 Barry Sahba		Manager Name Natalie Sahba	
Street Address 2050 Frenchtown Rd		Street Address 2050 Frenchtown Rd	
City E. Greenwich	State RI	Zip 02818	City E. Greenwich
			State RI
			Zip 02818
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 BARRY SAHBA		Address	
Address 2050 FRENCHTOWN ROAD		City EAST GREENWICH	Zip 02818

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



File Date	9.20.02
Check No.	1357
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] Sept 16 2002
Signature of Authorized Person Date
BARRY SAHBA
Print or Type Name of Authorized Person