



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 78266		2. Exact name of the limited liability company CHARLESTOWN FLAG CO. L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SALES OF FLAGS & FLAG POLES	
5. Principal office address 3897 OLD POST RD. P.O. BOX 1560		City CHARLESTOWN	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name FREDERICK W. WEBER		Contact Title PARTNER	Zip 02813
Street Address 3897 OLD POST RD. P.O. BOX 1560		City CHARLESTOWN	State RI
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ('X' BOX FOR ATTACHMENT) <input type="checkbox"/>		Zip 02813	
Manager Name FREDERICK W. WEBER		Manager Name	
Street Address 3897 OLD POST RD. P.O. BOX 1546		Street Address	
City CHARLESTOWN	State RI	Zip 02813	
Manager Name		Manager Name	
Street Address		Street Address	
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 FREDERICK W. WEBER	
Address P.O. BOX 1546		Address 3897 OLD POST RD.	
City CHARLESTOWN		City CHARLESTOWN	Zip 02813

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	9-20-2010
Check No.	7085
By:	MWC
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 Date **9-17-10**

FREDERICK W. WEBER - PARTNER
Print or Type Name of Authorized Person