



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>74400</u>	2. Exact name of the limited liability company <u>ATP Manufacturing LLC</u>		
3. State of Formation <u>RI</u>	4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Polyurethane Molding</u>		
5. Principal office address <u>761 Great Rd</u>		City <u>North Smithfield</u>	State <u>RI</u>
		Zip <u>02896</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>John Carroll</u>		Contact Title <u>Chairman</u>	
Street Address <u>761 Great Rd</u>		City <u>North Smithfield</u>	State <u>RI</u>
		Zip <u>02896</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 <u>Newgrange Group, LLC</u>		• Manager Name	
Street Address <u>761 Great Rd</u>		• Street Address	
City <u>North Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>	• City
• Manager Name		• State	
• Street Address		• Zip	
• 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 <u>John Carroll</u>		Address	
Address <u>761 Great Rd</u>		City <u>North Smithfield</u>	Zip <u>02896</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] 7/20/07
Signature of Authorized Person Date
Chairman - John Carroll
Print or type Name of Authorized Person

File Date	FILED
Check No.	<u>JUL 24 2007</u>
By:	<u>By 032329</u>
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