



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. 130501		2. Exact name of the limited liability company MILL CONVERSIONS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island	
5. Principal office address 13 Redwood Street		City Woonsocket	State RI
		Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name James R. Alarie		Contact Title Manager	
Street Address 13 Redwood Street		City Woonsocket	State RI
		Zip 02895	
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 James R. Alarie		Manager Name	
Street Address 13 Redwood Street		Street Address	
City Woonsocket	State RI	City	State
Zip 02895		City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Aram P. Jarret Jr.		Address 176 Eddie Dowling Highway	
Address 176 EDDIE DOWLING HIGHWAY		City NORTH SMITHFIELD	Zip 02896

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



File Date	11-03-05	*130501*
Check No.	117	
By:	10P	
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 **11-1-05**
James R Alarie
Print or Type Name of Authorized Person



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5. Principal office address 13 REDWOOD STREET		City WOONSOCKET	State RI Zip 02895-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name JAMES R. ALARIE		Contact Title MANAGER	
Street Address 13 REDWOOD STREET		City WOONSOCKET	State RI Zip 02895
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY IF APPLICABLE FILL 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 JAMES R. ALARIE		*Manager Name .	
Street Address 13 REDWOOD STREET		*Street Address .	
City WOONSOCKET	State RI	Zip 02895	*City .
Manager Name .		*Manager Name .	
Street Address .		*Street Address .	
City .	State .	Zip .	*City .
.		State .	
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Address .		City NORTH SMITHFIELD	Zip 02896-

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



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130501 DLLC 10/14/04 11:06:28 AM

File Date 10/22/04

Check No. 106

By: V.

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

James R. ALARIE

Print or Type Name of Authorized Person