



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. 132301		2. Exact name of the limited liability company Funky Functions, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CALENDARS	
5. Principal office address 19 B Village Green No.		City E. Providence	State RI
		Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ann M. Moan		Contact Title	
Street Address 19 B Village Green No.		City E. Providence	State RI
		Zip 02915	
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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 AMY HAGAN CORKERY		Address	
Address 215 SUNNYBROOK DRIVE		City NORTH KINGSTOWN	Zip 02852-

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



FILED 132301*

File Date
OCT 13 2005

Check No.
By M 79841

By:

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.

10/11/2005
Signature of Authorized Person Date

Ann M. Moan
Print or Type Name of Authorized Person



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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 132301		2. Exact name of the limited liability company Funky Functions, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Calendars Calendars.	
5. Principal office address 215 Sunnybrook Dr.		City North Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Amy Hagan Corkery		Contact Title Owner	
Street Address 215 Sunnybrook Dr.		City North Kingstown	State RI
		Zip 02852	
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 Amy Hagan		Manager Name Amy Hagan	
Street Address 215 Sunnybrook Dr.		Street Address 215 Sunnybrook Dr.	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
Manager Name Amy Hagan		Manager Name Amy Hagan	
Street Address 215 Sunnybrook Dr.		Street Address 215 Sunnybrook Dr.	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name AMY HAGAN CORKERY		Address	
Address 215 SUNNYBROOK DRIVE		City NORTH KINGSTOWN	Zip 02852-

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



File Date	9/22/04
Check No.	1019
By:	DA
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.

Amy Hagan Corkery 9/21/04
Signature of Authorized Person Date
Amy Hagan Corkery
Print or Type Name of Authorized Person