

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

1. ID No.	2 F		and the state of t						
132501		name of the limited liability company ngland Cabinetry, LLC							
3. State of Formatio		4. Brief descrip	ption of the character of th	e business which is actually conducted in Rhode I	sland				
RHODE ISLAN	D	CABINET	NSTALLATION	,	CONTROL AND				
5. Principal office a				City	State	Zip			
188 Kingstown Road				Narragansett		1			
6. MAILING AD	DRESS OF L	MITED LIAI	BILITY COMPANY A	ND NAME OR TITLE OF CONTACT PI	TO CONT	102882-			
Contact .vame				Contact Title		Parker, Talker, on he have provided a contract that the fighting the first			
Zachery Street Address	J. Schar	rtner		Member					
	atour D			City	State	Zip			
188 King				Narragansett	RI	02882-			
/. NAME AND A	DURESS OF	EACH MAN	AGER OF THE LIMIT	TED LIABILITY COMPANY, IF APPLIC	ABLE				
	ANY MODIF	FILL IN S ICATIONS T	PACES BEFORE USI	NG ATTACHMENTS ("X" BOX FOR	ATTACHMENT)]			
Manager Name			O MILITORIA REQUI	UIRES FILING OF AMENDMENT, R.I.O	S.L. 7-16-12 (a)	(2) / 7-16-52			
None				Manager Name					
Street Address									
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ree∎h.		State	Zip	City	State	Zip			
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Manager Name itreet Address ity RESIDENT AG	ENT IN RHOI	late	Zip	Munager Name Street Address City	State	Zip			
Manager Name treet Address ity RESIDENT AG gent Name ERRENCE G. SIM	ENT IN RHOI	late	Zip	Munager Name Street Address City Changes require filing of Form 642	State	Zip			
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Manager Name Street Address Sity	ENT IN RHOI	late	Zip	Munager Name Street Address City Changes require filing of Form 642 Address	State - R.I.G.L. 7-16-1	Ζίρ			

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

File Date	11-7-05	*132501*	
Check No	615	-	_
	A - A		-

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.

Rhous Nain 921, 2005
Signature of Authorized Person Date

Zacherv J. Schartner



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 3030

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

401.222.3040

Filing Period: Septen (FORM MUST BE TYPED			• Filing Fee: \$	550.00					
7. ID No. 132501	2. Exact New E	name of the limited liability company ingland Cabinetry, LLC							
3. State of Formation		4. Brief descriptio	n of the character of the	business which is actually conducted in Rho	ness which is actually conducted in Rhode Island				
RHODE ISLAND	Cabinet Installation								
5. Principal office address				City	State	Zip			
188 Kingstown Road				Narragansett	RI	02882			
	SS OF L	IMITED LIABII	LITY COMPANY AI	ND NAME OR TITLE OF CONTACT	r person:				
Contact Name				Contact Title					
Zachery J. S Street Address	chart	ner		Member					
	n Don			City	State	Zip			
188 Kingstow				Narragansett ED LIABILITY COMPANY, IF APP	RI	02882			
		FILL IN SPA	CES BEFORE USIN	NG ATTACHMENTS ("X" BOX FOURES FILING OF AMENDMENT, I Manager Name	OR ATTACHMENT) [] (2) / 7-16-52			
Street Address			Street Address	Street Address					
City		State	Zip	Спу	State	Zip			
Manager Name				Manager Name	Manager Name				
Street Address				Street Address					
Cüy		State	Zip	СНу	State	Zip			
3. RESIDENT AGENT Agent Name TERRENCE G. SIMPSO		DE ISLAND - I	DO NOT ALTER - (Changes require filing of Form (Address	642 - R.I.G.L. 7-16-1	1 '			
Address 28 CASWELL STREET				City NARRAGANSETT	Ι,	Zip 02882-			
									

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

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File Date _)(8	loy		
Check No	59	+		•	
Ву:		1			

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 Historized Person D

Zachery J. Schartner