



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. 122505		2. Exact name of the limited liability company Olde China Trader, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ANTIQUE CHINESE FURNITURE & PORCELAIN			
5. Principal office address 259 THAMES STREET		City BRISTOL	State RI	Zip 02809-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MARIE E BYRNES			Contact Title		
Street Address 259 THAMES STREET		City BRISTOL	State RI	Zip 02809-	
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	Zip	City	State	Zip
Manager Name		• Manager Name			
Street Address		• Street Address			
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 DEAN G. ROBINSON, ESQ.		Address 404 NEW MEADOW ROAD			
Address		City BARRINGTON	Zip 02806-		

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



1 2 2 5 0 5

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.

\*122505 DLLC 09/14/05 10:01:21 AM\*

File Date 11.03.05

Check No. 1660

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Marie E. Byrnes 11/3/05  
Signature of Authorized Person Date

Marie E. Byrnes  
Print or Type Name of Authorized Person



**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. 122505		2. Exact name of the limited liability company Olde China Trader, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Antique Chinese Furniture & Porcelain	
5. Principal office address 259 Thames Street		City Bristol	State Rhode Island
		Zip 02809	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Marie E. Byrnes		Contact Title Vice President	
Street Address 259 Thames Street		City Bristol	State Rhode Island
		Zip 02809	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE 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	Zip	City
			State
			Zip
Manager Name		• Manager Name	
Street Address		• Street Address	
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 Dean G. Robinson		Address	
Address 404 New Meadow Road		City Barrington	Zip 02806

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



1 2 2 5 0 5

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.

Marie E. Byrnes 11-15-04  
Signature of Authorized Person Date

Marie E. Byrnes  
Print or type Name of Authorized Person

File Date	11/16/04
Check No.	1488
By:	DI
FOR SECRETARY OF STATE USE ONLY	



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 122505		2. Exact name of the limited liability company Olde China Trader, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Antique Chinese Furniture & Porcelain			
5. Principal office address 259 Thames Street		City Bristol	State RI	Zip 02809	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Marie E. Byrnes			Contact Title Vice President		
Street Address 259 Thames St.		City Bristol	State RI	Zip 02809	
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	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
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 DEAN G. ROBINSON			Address		
Address 404 NEW MEADOW ROAD			City BARRINGTON	Zip 02806-	

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



\* 1 2 2 5 0 5 \*

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.

<b>RECEIVED</b>	
File Date	DEC 30 2003
Check No.	BY <u>1313</u>
By:	
FOR SECRETARY OF STATE USE ONLY	

Marie E. Byrnes 12/20/03  
Signature of Authorized Person Date

Marie E. Byrnes  
Print or Type Name of Authorized Person