



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. 125606		2. Exact name of the limited liability company NorthStar Equipment and Supply II, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Constuction Equipment Rental and Sales			
5. Principal office address 275 West Natick Road, Suite 600			City Warwick	State RI	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jeffrey H. Cook			Contact Title President		
Street Address 275 West Natick Road, Suite 600			City Warwick	State RI	Zip 02886
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 Jeffrey H. Cook			Manager Name .		
Street Address 275 West Natick Road, Suite 600			Street Address .		
City Warwick	State RI	Zip 02886	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 Charles W. Normand, Esq.			Address .		
Address 55 Pine Street, Suite 400			City Providence, RI	Zip 02903	

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



1 2 5 6 0 6

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.

File Date 10/11/05
Check No. 1165 C79317
By: JMC
FOR SECRETARY OF STATE USE ONLY

Jeffrey H. Cook 9/28/05
Signature of Authorized Person Date
Jeffrey H. Cook
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 125606		2. Exact name of the limited liability company NorthStar Equipment and Supply II, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION EQUIPMENT RENTAL AND SALES			
5. Principal office address 275 WEST NATICK ROAD, SUITE 600			City WARWICK	State RI	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JEFFREY COOK			Contact Title President		
Street Address 275 WEST NATICK ROAD, SUITE 600			City WARWICK	State RI	Zip 02886
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 JEFFREY COOK			Manager Name		
Street Address 275 WEST NATICK ROAD, SUITE 600			Street Address		
City WARWICK	State RI	Zip 02886	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 CHRLES W. NORMAND, ESQ.			Address 55 PINE STREET, SUITE 400		
Address Eg NORMAND LAW, LTD			City PROVIDENCE	State	Zip 02903

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

FILED
File Date _____
Check No. <u>SEP 20 2004</u>
By: <u>EM M4SD 78</u>
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.

Jeffrey H. Cook 9/14/04
Signature of Authorized Person Date

Jeffrey H. Cook, President
Print or Type Name of Authorized Person



2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 125606		2. Exact name of the limited liability company NorthStar Equipment and Supply II, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION EQUIPMENT RENTAL & SALES			
5. Principal office address 275 WEST NATICK Rd Suite 600		City WARWICK	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jeffrey Cook			Contact Title PRESIDENT		
Street Address 275 WEST NATICK Rd Suite 600		City WARWICK	State RI	Zip 02886	
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 Jeffrey Cook			Manager Name		
Street Address 275 WEST NATICK Rd Suite 600		Street Address			
City WARWICK	State RI	Zip 02886	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 BRIAN P. GALLOGLY, ESQ.			Address BROWN RUDNICK BERLACK ISRAELS LLP		
Address 121 SOUTH MAIN STREET		City PROVIDENCE		Zip 02903-	

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



* 1 2 5 6 0 6 *

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.

File Date 9-22-03
Check No. 3328
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Jeffrey H Cook 9/18/03
Signature of Authorized Person Date
Jeffrey H Cook
Print or Type Name of Authorized Person