

## 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

ruing Perioa: Sep (FORM MUST BE TYP	PED OR PRINTED IN BLACK		J0.00			
1. ID No. 120707	2. Exact name of the lin	act name of the limited liability company hic Pewter, L.L.C.				
3. State of Formation RHODE ISLAND	4. Brief descri	ption of the character of the	business which is actually conducted in Rho HOLLOWARE AND PEWTER GIFTS			
		<u> </u>				
5. Principal office address			City	State	Zip	
95 Hathaway			Providence	RI	02905	
Contact Name	RESS OF LIMITED LIA	BILITY COMPANY A	ND NAME OR TITLE OF CONTACT	PERSON:		
Claude St. Y	ves		Contact Title			
Street Address		· · · · · · · · · · · · · · · · · · ·	City	State	Zψ	
95 Hathaway	Street		Providence	RI	02905	
7. NAME AND AD	DRESS OF EACH MAN	IAGER OF THE LIMIT	ED LIABILITY COMPANY, IF APP	LICABLE	1_02905	
Manage <del>r</del> Name	ANY MODIFICATIONS	TO MANAGERS REQU	NG ATTACHMENTS ("X" BOX FO UIRES FILING OF AMENDMENT, R Manager Name	R.I.G.L. 7-16-12 (a) (2)	) / 7-16-52	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	······		Manager Name			
Street Address			Street Address	<del></del>		
City	State	Zip	City	State	Zip	
8. RESIDENT AGE Agent Name	ENT IN RHODE ISLANI	O DO NOT ALTER	Changes require filing of Form  Address	642 - R.I.G.L. 7-16-11		
GEORGE M. CAPPE	ELLO, ESQ.					
Address	<u>-</u>		City	Zip		
942 PARK AVENUE		CRANSTON	1 -	910-		
			ORASION		910-	

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

File Date 10/12/05 *12	20707*
Check No	
ву:Ат Е	
FOR SECRETARY OF STATE USE O	DNLY

Under penalty of perjury, I declare and affirm that I have examined this repor	rt.
including any accompanying schedules and statements, and that all statement	S
contained herein are true and correct.	

Signature of Authorized Person De

Claude St. Yves

Print or Type Name of Authorized Person



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

2004

#### 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)

(10th Mesi Be III-ED)							
1. ID No. 120707	2. Exact name of the high Gothic Pewter, L.	thic Pewter, L.L.C.					
3. State of Formation	4. Brief desc	ription of the character of the	business which is actually conducted in Rh	oode Island	·		
RHODE ISLAND	MANUFA	ACTURING OF PEWTER	HOLLOWARE AND PEWTER GIFT	S			
5. Principal office address			City	State	Zip		
95 Hathaway			Providence	RI	02905		
6. MAILING ADDRES	SS OF LIMITED LL	ABILITY COMPANY AN	D NAME OR TITLE OF CONTAC	T PERSON:	1 02903		
Contact Name		•	Contact Title	•			
Claude St. 1	Yves						
Street Address			City	State	Zip		
95 Hathaway	Street		Providence	RI	02905		
7. NAME AND ADDR	ESS OF EACH MA	NAGER OF THE LIMIT	ED LIABILITY COMPANY, IF AP	PUCARIE	1 02905		
	FILL IN	SPACES BEFORE USIN	IG ATTACHMENTS ("X" BOX I	FOR ATTACHMENT)			
ANY	MODIFICATIONS	TO MANAGERS REQU	IRES FILING OF AMENDMENT,	R.J.G.L. 7-16-12 (a) (2)	/ 7-16-52		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Sireet Address			
City	State	Zip	City	State	21.		
			4.0	Sime	Zip		
Manager Name	***************************************	•••••••••••••••••••••••••••••••••••••••					
-			manager rame				
Street Address			Street Address	Street Address			
City	State	Zip	: City	State	Z(p		
		l i		Siane	ζψ		
8. RESIDENT AGENT	IN RHODE ISLAN	D - DO NOT ALTER - (	Changes require filing of Form	642 - R.I.G.L. 7-16-11			
Agent Name			Address				
GEORGE M. CAPPELL	O, ESQ.						
Address			City	Zip			
942 PARK AVENUE			CRANSTON	j •	110-		
	·				· · · · · · · · · · · · · · · · · · ·		

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 10 (8 04
Check No. 564
Ву:
FOR SECRETARY OF STATE USE ONLY

<b></b>
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 horein are true and correct.

Signature of Authorized Person Date

Print or Type Name of Authorized Person



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

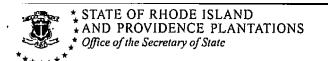
2003

(FORM MUST BE TYPED	OR PRINTED IN	BLACK)					
1. ID No.	2. Exact name of	the limited liabil	ity company				
120707	Gothic	Gothic Pewter, L.L.C.					
3. State of Formation	4. Briej	description of the	e character of the business whi	ich is actually conducted in Rhode Islan	nd		
RHODE ISLAND	MAN	UFACTURING	OF PEWTER HOLLOWA	RE AND PEWTER GIFTS			
5. Principal office address			City	State	<u> </u>	Zip	
95 Hathaway				Providence	RI		02905
6. MAILING ADDRES	SS OF LIMITEI	LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	SON:		102303
Contact Name				: Contact Title			
Claude St.	Yves						
Street Address			<del></del>	City	State	<del></del>	Zip
95 Hathaway	Street			Providence	RI		02905
7. NAME AND ADDR	ESS OF EACH	MANAGER C	F THE LIMITED LIABI	LITY COMPANY, IF APPLICAE	BLE		1
	FIL,	L IN SPACES	BEFORE USING ATTAC	CHMENTS ("X" BOX FOR AT	TACHMENT	) П	
ANY	MODIFICATI	ONS TO MAN	IAGERS REQUIRES FIL	ING OF AMENDMENT, R.I.G.I	7-16-12 (a	) (2) / 7·16	5-52
Manager Name	-			Manager Name			
				4 • •			
Street Address			<del></del>	Street Address			<del></del>
City	State		Zip	City	T		<del></del>
,	Sittle		,p	City	State		Zip
Manager Name		•••••	J		.l		J
Think ger thine		•		Manager Name			
Street Address	<del></del>	· · · · · · · · · · · · · · · · · · ·	·	Street Address			
				Sireei Adaress			
City	State		Zip			·	<del></del>
	Situe		<i>Z.ip</i>  .	City	State		Zip
8. RESIDENT-AGENT	IN RHODE IS	IAND . DO N	IOT ALTER - Changes	require filing of Form 642 -	<u> </u>	<i>.</i>	1
Agent Name		- DO 1		Address	R.I.G.L. 7-1	6-11	
GEORGE M. CAPPELLO	FSO			71447435			ı
OLONGE III. OAFFELLO	, ESQ.			<u> </u>			
Address				City		Zip	
942 PARK AVENUE				CRANSTON		02910-	
				<del></del>		<u> </u>	

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

	* 1 2 0 7 0	7 *
File Date	.10.14.03	 
Check No	311	
Ву:	de	
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of per including any accom contained herein the	panying schedul	les and statements,	e examined this report, and that all statements,
(lett)	X./	ver 10/	6/03
Signature of Authorize	d Person	Date	
"C" HUDE	E.St.	WES	
Print or Type Name of	Authorized Pers	ion 1	



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

#### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company 120707 Gothic Pewter, L.L.C. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island RHODE ISLAND Manufacturing of pewter holloware and pewter gifts. 5. Principal office address 95 Hathaway Street 02905 Providence RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Claude St. Yves Street Address City State Zip 95 Hathaway Street Providence RI
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE 02905 FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Janager Name · Margaer Name Street Address Street Address City State Zip \*City State Zip Manager Name Manager Name Street Address Street Address City State ,City Zip 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 Address GEORGE M. CAPPELLO, ESQ. Address City Zip 942 PARK AVENUE **CRANSTON** 02910-

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



J.). File Date	23.02	
Check No.	124	
В <u>у;</u>	2	
FOR SECRET	ARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm the this report, including any accompanying schedul and that all statements contained herein are true	es and statements,
(Inte ) Lues	10/14/02
Signature of Authorized Person Da  Zawi E E. St. VES	ite
Print or Type Name of Authorized Person	Form 632 Rev. 6/02