



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. 116707		2. Exact name of the limited liability company WORLDWIDE TOOLING, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PLASTICS AND MOLD MAKING INDUSTRY	
5. Principal office address 50 SOUTH EAGLE NEST DRIVE		City LINCOLN	State RI
		Zip 02865-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOAO P PEREIRA		Contact Title	
Street Address 50 SOUTH EAGLE NEST DRIVE		City LINCOLN	State RI
		Zip 02865-	
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 JOAO P PEREIRA		Manager Name	
Street Address 50 S EAGLE NEST DRIVE		Street Address	
City LINCOLN	State RI	Zip 02865	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 DAVID DIPALMA, ESQ.		Address 138 WARREN AVENUE	
Address		City EAST PROVIDENCE	Zip 02914-

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



1 1 6 7 0 7

116707 DLLC 10/10/05 01:33:01 PM

File Date 11/1/05

Check No. 5437

By: VmL

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.

JOAO P PEREIRA
Signature of Authorized Person Date
JOAO P PEREIRA
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
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401.222.3040

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. 116707		2. Exact name of the limited liability company WORLDWIDE TOOLING, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PLASTICS AND MOLD MAKING INDUSTRY	
5. Principal office address 50 SOUTH EAGLE NEST DRIVE		City LINCOLN	State RI
		Zip 02865-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOAO P PEREIRA		Contact Title MANAGER	
Street Address 50 SOUTH EAGLE NEST DRIVE		City LINCOLN	State RI
		Zip 02865-	
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 JOAO P PEREIRA		• Manager Name .	
Street Address 50 SOUTH EAGLE NEST DRIVE		• Street Address .	
City LINCOLN	State RI	Zip 02865	• City .
Manager Name .	State .	Zip .	• Manager Name .
Street Address .		• Street Address .	
City .	State .	Zip .	• City .
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DAVID DIPALMA, ESQ.		Address 138 WARREN AVENUE	
Address .		City EAST PROVIDENCE	Zip 02914-

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



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116707 DLLC 09/14/04 12:08:01 PM	
File Date	11/4/04
Check No.	5958
By:	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.

Signature of Authorized Person
Date 10/20/04
JOAO P PEREIRA
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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 116707		2. Exact name of the limited liability company WORLDWIDE TOOLING, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PLASTICS AND MOLD MAKING INDUSTRY	
5. Principal office address 50 SOUTH EAGLE NEST DRIVE		City LINCOLN	State RI
		Zip 02865-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOAO P PEREIRA		Contact Title MEMBER/MANAGER	
Street Address 50 SOUTH EAGLE NEST DRIVE		City LINCOLN	State RI
		Zip 02865-	
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 JOAO P. PEREIRA		• Manager Name	
Street Address 50 SOUTH EAGLE NEST DRIVE		• Street Address	
City LINCOLN	State RI	Zip 02865	• City
• Manager Name		• State	
• Street Address		• Zip	
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 DAVID DIPALMA, ESQ.		Address 138 WARREN AVENUE	
Address		City EAST PROVIDENCE	Zip 02914-

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



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FILED

NOV 07 2003

By KMC
C11336

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.

Joao P Pereira 10/14/03
Signature of Authorized Person Date
JOAO P PEREIRA
Print or Type Name of Authorized Person

116707 DLLC 09/23/03 02:23:20 PM

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY



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)

1. ID No. 116707		2. Exact name of the limited liability company WORLDWIDE TOOLING, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PLASTICS AND MOLD MAKING INDUSTRY	
5. Principal office address 3302 MANTON POND WAY		City LINCOLN	State RI
		Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOAO P. PEREIRA		Contact Title MEMBER/MANAGER	
Street Address 3302 MANTON POND WAY		City LINCOLN	State RI
		Zip 02865	
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 JOAO P PEREIRA		Manager Name	
Street Address 3302 MANTON POND WAY		Street Address	
City LINCOLN	State RI	Zip 02865	City
Manager Name			Manager Name
Street Address			Street Address
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11.			
Agent Name DAVID DIPALMA, ESQ.		Address	
Address 138 WARREN AVENUE		City EAST PROVIDENCE	Zip 02914

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



* 1 1 6 7 0 7 *

FILED

OCT 31 2002

By JOE
294816

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.

JOAO P. PEREIRA 10/14/02
Signature of Authorized Person Date

JOAO P. PEREIRA

Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY