

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 632 Rev. 6/02

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

16707 WORLDWIDE TOOLING, LLC	FORM MUST BE TYPED			····			
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SO SOUTH EAGLE NEST DRIVE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name 10A0 P PEREIRA 10 SOUTH EAGLE NEST DRIVE 10 SOUTH EAGLE NEST DRIVE 11 IN SPACES BEFORE USING ATTACHMENTS (X** BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILMS OF AMERICAN (X** BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILMS OF AMERICANETY (X** BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILMS OF AMERICANETY (X** BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILMS OF AMERICANETY (X** BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILMS OF AMERICANETY (X** BOX FOR ATTACHMENT) After Address 3 STORE Address 4 Address 4 TO A STORE ADDRESS AND ADDRES	RHODE ISLAND	PLASTICS A	ND MOLD MAKING	INDUSTRY			
S. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Comment Title Comment Title				City	State	1 *	
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City State South BAGLE NEST DRIVE 1. IN SPACES BEFORE USING ATTACHMENTS (2* BOX FOR ATTACHMENT) □ ANY MODIFICATIONS TO MANAGERS REQUIRES; FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) 1 7-16-52 **Manager Name** ANY MODIFICATIONS TO MANAGERS REQUIRES; FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) 1 7-16-52 **Manager Name** OAO P PERREIRA **PORT Address** O S EAGLE NEST DRIVE **PORT Address** O'S EAGLE NEST DRIVE **PORT Address** O'S EAGLE NEST DRIVE **PORT Address** **PORT Addre	ontact Name	ESS OF LIMITED I	IABILITY COMPA		OF CONTACT	PERSON:	
O SOUTH EAGLE NEST DRIVE NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS "C" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMERIMENT. RIG.L 7-16-12 (a) (2) 1 7-16-52 ***CHARLOWS ON A PERREIRA** ***CHARLOWS ON A PERREIRA** ***ONC P PERREIRA**			· · · · · · · · · · · · · · · · · · ·	• .			
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ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. RLG.L 7-16-12 (e) (2) 7 7-16-52 Manager Name Advance			NACED ADDRESS		 -		
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (e) (2) / 7-16-52 **Monager Name** OAO P PERREIRA **Treet Address** O S EAGLE NEST DRIVE INCOLN RI	. NAME AND ADDI						
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O S EAGLE NEST DRIVE O S EAGLE NEST DRIVE INCOLN RI O2865 Manager Name Manager Name Street Address Str		•	,				
Street Address O S EAGLE NEST DRIVE INCOLN RI O2865 Manager Name Manager Name Street Address Street Ad	OAO P PERREIRA	1		•			
State Zip City City Zip City Cit			-	· Street Address			
Address Street Address Stree	O S EAGLE NEST	DRIVE		• •		_	
Address Street Address RESIDENT AGENT IN RISODE ISLAND DO NOT ALTER Changes require filling of Form 642 · RI.GL 7-16-11 Address DAVID DIPALMA, ESQ. 138 WARREN AVENUE City EAST PROVIDENCE 02914 - 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 11 0 5 Check No. Street Address Address	•		1 '	City	State	Zip	
Street Address Street Address Street Address Lify State Zip State Zip State Zip Address DAVID DIPALMA, ESQ. City EAST PROVIDENCE City EAST PROVIDENCE Under penalty of penjury, 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 While Date While Date Check No. Signature of Authorized Person Date Da	· ·	RI	02865	• • • • • • • • • • • • • • •	[
Address DAVID DIPALMA, ESQ. Address City EAST PROVIDENCE 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 Under penalty of Authorized Person Date	Aanager Name			*Manager Name			
Address Address Address City State Zup Address 138 WARREN AVENUE City EAST PROVIDENCE David person pursuant to 7-16-66. 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 139. Check No. Date Dat	irres Address	•		a Charact Addressa			
LRESIDENT AGENT IN RHODE ISLAND-DO NOT ALTER- Changes require filing of Form 642 · R.I.G.L. 7-16-11 Address DAVID DIPALMA, ESQ. 138 WARREN AVENUE City EAST PROVIDENCE 02914- 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 110 0 5 Check No. Check No. Date				•	•		
Address 138 WARREN AVENUE City EAST PROVIDENCE 1219 EAST PROVIDENCE 1219 EAST PROVIDENCE 1210 1 1 6 7 0 7 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 1 1 0 5 Check No. 1 219 EAST PROVIDENCE 1 1 1 6 7 0 7 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. Significant of Authorized Person Date Penalty of Authorized Person Date Penalty of Authorized Person Date	lity	State	Zip	City	State	Zip	
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. Statements of Authorized Person Dalle DAN P PEREIRA	DAVID DIPALMA, E	ESQ.		138 WARREN AVE	IUE	17in	
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 OAO P PEREIRA				'	•		
Under penalty of perjury, I declare and affirm that I bave examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature of Authorized Person Date DAO P PEREIRA Print or Tors Name of Authorized Parson						02314	
116707 DLLC 10/10/05 01:33:01 PM File Date							
116707 DLLC 10/10/05 01:33:01 PM File Date Check No. Date This report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature of Authorized Person Date Date Print or Fire Name of Authorized Person	his report must be s	igned in ink by an	authorized person p	oursuant to 7-16-66.			
116707 DLLC 10/10/05 01:33:01 PM File Date Check No. Date This report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature of Authorized Person Date Date Print or Fire Name of Authorized Person							
116707 DLLC 10/10/05 01:33:01 PM File Date 0 Check No. Date Date				Under penalty of per	jury, I declare and	affirm that I bave examined	
File Date 11 1 05 Check No. 5437 Date JOAO P PEREIRA Print or Viras Name of Authorized Person Print or Viras Name of Authorized Person	_			this report, including	any accompanyir	ng schedules and statements,	
Check No. Signature of Authorized Person Date JOAO P PEREIRA Print or Virgo Name of Authorized Person	*116707 DLLC 10/1	10/05 01:33:01 PM	•	and that all statemen	ts contained herei	n are true and correct.	
Check No. Signature of Authorized Person Date JOAO P PEREIRA Print or Virgo Name of Authorized Person	File Date	105	_]	1/	\wedge \wedge		
JOAO P PEREIRA		127	_	12500	(V) (1	10m)	
Print or Type Name of Authorized Parron	Check No.	セ ノ /	_	Signature of Authorized	Person	Date	
Print or Type Name of Authorized Parron	. 1/	1		/MAN P B	FREIDA		
		<u> </u>	-	Print or Type Name of	Authorized Parson		



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 2004

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

(FORM MUST BE	TYPED OR PR	INTED IN BL	4 <i>CK)</i>		·			
1. ID No. 116707		act name of the limited liabilty company RLDWIDE TOOLING, LLC						
3. State of Formatio	on	4. Brief descrip	ntion of the character of the E	usiness which is actually condu	cted in Rhode Island	•		
RHODE ISLA	ND	PLASTICS	AND MOLD MAKING I	NDUSTRY				
5. Principal office of		·		City	State	Zip		
50 SOUTH EA	AGLE NEST	DRIVE		LINCOLN	RI	02865-		
6. MAILING A Contact Name JOAO P PERE		F LIMITED	LIABILITY COMPAN	Y AND NAME OR TITI Contact Title MANAGER	LE OF CONTACT	PERSON:		
Street Address				City	State	Zip		
50 SOUTH EA	GLE NEST	DRIVE		LINCOLN	RI	02865-		
<i>Manager Name</i> JOAO P PERE			PACES BEFORE USING TO MANAGERS REQUIT	ATTACHMENTS ("X" BO RES FILING OF AMENDMEN · Manager Name ·	DX FOR ATTACHMEN IT. R.I.G.L 7-16-12 (a)	· —		
Street Address				· Street Address				
50 SOUTH EA	AGLE NEST	DRIVE		•				
City		State	Zip	*City	State	Zip		
LINCOLN		RI	02865	•				
Manager Name	• • • • • •			Manager Name	• • • • • • • • •		• • • •	
Street Address				Street Address		_		
City		State	Zip	City	State	Zip		
8. RESIDENT A	GENT IN RI	I HODE ISLAN	I ID -DO NOT ALTER- Cha	anges require filing o	f Form 642 - R.I.G	.l., 7-16-13		
DAVID DIPAL	MA, ESQ.			138 WARREN A	VENUE			
Address	<u>:-</u>			City		Zip		
				EAST PROVIDE	NCE	02914-		

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



116707	DLL	C 09	9/14/04 12:08:01 PM			
File Date	Ш	4	04			
Check No	50	<u>ک (</u>	8			
B _Y ;	IJ					
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. of Authorized Persol Date

JOXO P PEREIRA Print or Type Name of Authorized Person



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

FORM MUST BE TYP				<u>. </u>	·		
<i>I. ID No.</i> 116707		sact name of the limited liabilty company ORLDWIDE TOOLING, LLC					
3. State of Formation			•	e business which is actually conduct	ed in Rhode Island		
RHODE ISLAND		PLASTICS AND	MOLD MAKING	INDUSTRY			
5. Principal office address 50 SOUTH EAGLE NEST DRIVE				City LINCOLN	State R I	<i>Zip</i> 02865-	
			BILITY COMP	ANY AND NAME OR TITLE	OF CONTACT P	ERSON:	
Contact Name JOAO P PEREIR				Contact Title . MEMBER/MANAGE			
Street Address				City	State	Zip	
50 SOUTH EAG	LE NE	ST DRIVE		.LINCOLN	RI	02865-	
7. NAME AND AD		FILL IN 6PAC	ES BEFORE USING	LIMITED LIABILITY COI G ATTACHMENTS ("X" BOX DIRES FILING OF AMENDMENT.	(FOR ATTACHMENT)		
Aanager Name				• Manager Name		······································	
JOAO P. PEREI	RA			•			
Street Address				· Street Address			
50 SOUTH EA	GLE N		Te	•	I.c.		
City LINCOLN		State RI	Zip 02865	City	State	Zip	
Manager Name	• • • •	J.T		Manager Name	. 		
Street Address			 ·	·Street Address			
City		Siate	Zip	City	State	Zip	
8. RESIDENT AGE	NT LN R	HODE ISLAND -	OO NOT ALTER- C	hanges require filing of	Form 642 - R.I.G.L	7-16-11	
DAVID DIPALMA	FSO			138 WARREN AV	ENUE		
Address	, LOQ.			City		Zip	
				EAST PROVIDEN	ICE	02914-	
	<i>:</i>				FILE		
				•	NOV O'	7 2003	
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This report must b	e signed	linink by an a	uthorized person	pursuant to 7-16-66.	By_K	11336	
			_	this report, include		affirm that I have examined g schedules and statements,	
116707 DLLC 0		02:23:20 PM 		V1 -/	$\gamma \gamma \sim$	0 1.41-2	
Check No				Signature of Autho	red cross		
Ву:		<u></u>			PEREIRA		
FOR SECRETARY OF	STATE (JSE ONLY		Print or Type Nam	e of Authorized Person	Form 632 Rev. 6	



(FORM MUST BE TYPED OR PRINTED IN BLACK)

I. ID No.

116707

3. State of Formation
RHODE ISLAND

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

WORLDWIDE TOOLING, LLC

2. Exact name of the limited liabilty company

Edward S. Inman, III, 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

4. Brief description of the character of the business which is actually conducted in Rhode Island

PLASTICS AND MOLD MAKING INDUSTRY

State 5. Principal office address Zip 02865 3302 MANTON POND WAY LINCOLN 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title MEMBER/MANAGER JOAO P. PEREIRA 2ip City State Street Address 3302 MANTON POND WAY 02865 LINCOLN 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE 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 Manager Name · Manager Name JOAO P PEREIRA Sireet Address Street Address 3302 MANTON POND WAY City State Zip LINCOLN RI 02865 Munager Name Manager Name Street Address Street Address 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 Address DAVID DIPALMA, ESQ. Zip Address **138 WARREN AVENUE EAST PROVIDENCE** 02914-This report must be signed in ink by an authorized person pursuant to 7-16-66. Under penalty of perjury, I declare and affirm that I have examined OCT 3 1 2002 this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Rolvilos File Date Check No. JOAO P. PEREIRA Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY Form 632 Rev. 6/02