



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. 117108		2. Exact name of the limited liability company Sky Cube Structures, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FABRICATION, BUILDING PANELS	
5. Principal office address P.O. BOX C		City WOONSOCKET	State RI
		Zip 02895-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name RUSSELL BRANCHAUD		Contact Title Member	
Street Address P.O. BOX C		City WOONSOCKET	State RI
		Zip 02895-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE			
FILE IN SPACES BEFORE USING ATTACHMENTS. (SEE 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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 S. SOKOLOFF, ESQ.		Address 6 BLACKSTONE VALLEY PLACE, SUITE 301	
Address		City LINCOLN	Zip 02965

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



1 1 7 1 0 8

*117108:DLIC 09/12/05:11:12:13 PM*	
File Date	11/14/05
Check No.	7163 C 82096
By	KML
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 11/14/05

Russell R. Branchaud

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 2004**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 117108		2. Exact name of the limited liability company Sky Cube Structures, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FABRICATION, BUILDING PANELS	
5. Principal office address P.O. BOX C		City WOONSOCKET	State RI
		Zip 02895-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name RUSSELL BRANCHAUD		Contact Title Member	
Street Address P.O. BOX C		City WOONSOCKET	State RI
		Zip 02895-	
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	State	State	State
Zip	Zip	Zip	Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	State	State	State
Zip	Zip	Zip	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 S. SOKOLOFF, ESQ.		Address ELEVEN THURBER BOULEVARD	
Address		City SMITHFIELD	Zip 02917-

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



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*117108 DLLC 09/01/04 08:47:51 AM*	
File Date	9-8-04
Check No.	221
By	LRP
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

Russell R. Branchaud

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. 117108		2. Exact name of the limited liability company Sky Cube Structures, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FABRICATION, BUILDING PANELS	
5. Principal office address P.O. BOX C		City WOONSOCKET	State RI
		Zip 02895-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name RUSSELL BRANCHAUD		Contact Title Member	
Street Address P.O. BOX C		City WOONSOCKET	State RI
		Zip 02895-	
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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 S. SOKOLOFF, ESQ.		Address ELEVEN THURBER BOULEVARD	
Address		City SMITHFIELD	Zip 02917-

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



1 1 7 1 0 8

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 9 Sept 03

Russell R. Branchaud, President

Print or Type Name of Authorized Person

\*117108 DLLC 09/09/03 08:05:39 AM\*

File Date

9-24-03

Check No.

333

By:

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *117108*		2. Exact name of the limited liability company Sky Cube Structures, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Fabrication - Building Panels	
5. Principal office address P.O. Box C		City Woonsocket	State RI
		Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Russell Branchaud		Contact Title Member	
Street Address P.O. Box C		City Woonsocket	State RI
		Zip 02895	
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	City	State
City	State	Zip	City
State	Zip	City	State
City	State	Zip	City
State	Zip	City	State
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 S. SOKOLOFF, ESQ.		Address ELEVEN THURBER BOULEVARD	
Address		City SMITHFIELD	Zip 02917-

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



\* 1 1 7 1 0 8 \*

*117108 DLLC8/23/021:19:46 PM*
File Date 10-7-02
Check No. 1203
By: [Signature]
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

Russell Branchaud

Print or type Name of Authorized Person