

Multhew A. Brown, Secretary of State Corporations Division 190 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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1. 10 No. 117108		name of the limited lid ube Structures, L					_
3. State of Formation		4. Brief description of	the character of the business	s which is actually conducted in R	hode Island		_
RHODE ISLAND		FABRICATION,	BUILDING PANELS				
5. Principal office add P.O. BOX C				City WOONSOCKET	State RI	Zip 02895-	
Contact Name	RESS O	elimitediliab	ility company an	DINAMEOR TITLE OF Contact Title Member	CONTACTIE	ERSON	e d
Street Address		·		City	State	Zip	_
P.O. BOX C				WOONSOCKET	RI	02895-	
Manager Name  Street Address	ing a said all a	FIEL IN SPAGES	(BEFORE) USING ATTA	ED TABILITIA COMFA EHMENTSINI ZIN BOX FOR LING OF AMENOMENT RILG  *Manager Name  *Street Address	ATTACUMENT	<b>《国际中的工作》</b>	1000
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City .		State	Zip	City	State	Zip	-
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Street Address		- !		*Street Address			-
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Agent Name			NOT ALTER Change	Address	642 R G1	77.70	7
CHARLES S. SC	KOLOFF	F, ESQ.		6 BLACKSTONE VALL	EY PLACE,	SUITE 301	
Address		<del> </del>		City		Zip	-
<u> </u>			<del></del>	LINCOLN		02965m (A	
This report must b	e signed i	n ink by an auth	orized person pursua	nt to 7-16-66		1.6 HA 11 AON 9. OF STATE OF S	
,			onized person pursua	10 7-20-00.		<b>으</b> <ặ	
,	1 1 7	1 0 8					
				Under penalty of perjury	, I declare and	affirm that I have examined	

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Check No.: 11/63 C \$2096

By: CM C

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



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 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) I. ID No. 2. Exact name of the limited liabilty company 117108 Sky Cube Structures, LLC. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island FABRICATION, BUILDING PANELS RHODE ISLAND 5. Principal office address WOONSOCKET P.O. BOX C RΙ 02895-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title RUSSELL BRANCHAUD Member Street Address City State P.O. BOX C WOONSOCKET RI 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) 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 Manager Name Manager Name Street Address ·Street Address City State Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filling of Form 642 - R.I.GL. 7-16-11 Address CHARLES S. SOKOLOFF, ESQ. ELEVEN THURBER BOULEVARD Address Zip SMITHFIELD 02917-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 this report, including any accompanying schedules and statements, and that att-statements contained herein are true and correct. \*117108 DLLC 09/01/04,08:47:51 AM\* File Date Check No. Russell R. Branchaud 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 2003

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<u>FORM MUST BE TYPE</u> 1. ID No. 117108	2. Exact name of	the limited liability company ructures, LLC.			·			
3. State of Formation	4. Brief	4. Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND	FABRI	CATION, BUILDING P	PANELS					
5. Principal office addre			City WOONSOCKET	State RI	Zip 02895-			
6. MAILING ADDR Contact Name RUSSELL BRANG		ITED LIABILITY COM	PANY AND NAME OR TITLE Contact Title Member	OF CONTACT P	ERSON:			
Street Address			City	State	Zip			
P.O. BOX C			WOONSOCKET	RI	02895-			
Manager Name		I, IN SPACES BEFORE, US ITIONS TO MANAGERS RE	ING ATTACHMENTS ("X" BOX EQUIRES FILING OF AMENDMENT.  • Manager Name	( FOR ATTACHMENT) R.I.G.L 7-16-12 (a) (				
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name			Manager Name					
Street Address			· Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGEN	T IN RHODE	SLAND DO NOT ALTER-	Changes require filing of	Form 642 · R.I.G.	7-16-11			
CHARLES S. SOKOLOFF, ESQ.			ELEVEN THURBE	ELEVEN THURBER BOULEVARD				
Address			City		Zip			
			SMITHFIELD		02917-			

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

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B <sub>V</sub> :	a.
FOR SECRETA	RY 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 besein are true and correct.

Signature of Authorized Person

Date

Russell R. Branchaud, President

Print or Type Name of Authorized Person



Check No.

FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RJ 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) 2. Exact name of the limited liabilty company I. ID No. \*117108\* Sky Cube Structures, LLC. 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation RHODE ISLAND <u> Fabrication - Building</u> State Zip 5. Principal office address RI Woonsocket 02895 P.O. Box C 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name .Member Russell Branchaud City State Zip Street Address . Woonsocket 02895 RI P.O. Box C 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 · Street Address Sircet Address State Zio State Zip City City Manager Name Manager Name Sireei Address Street Address State City State Zip Zip City 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Address ELEVEN THURBER BOULEVARD CHARLES S. SOKOLOFF, ESQ. Zip Address SMITHFIELD 02917-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 this report, including any accompanying schedules and statements, and that all statements contained herein ent frac and correct. \*117108 DLLC8/23/021:19:46 PM File Date

Russell Branchaud
Print or Type Name of Authorized Person