

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

Corporations Division 100 North Main Street Providence, RI 02903-1335

Matthew A. Brown, Secretary of State

401.222.3040

## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_ Filing Period: September 1 - November 1 • Filing Fce: \$50.00

(FORM MUST BE TYPED	OR PRINTED IN BIACK)					
1. ID No.	2. Exact name of the limited liability company					
127910	AAB CONSULTING, LLC					
3. State of Formation	4. Brief description of	ich is actually conducted in R	th is actually conducted in Rhode Island			
RHODE ISLAND CONSULTING TO THE PLASTIC INDUSTRY			· <b>Y</b>			
5 Principal office address		City	State	77	21p 47001	
21 (0)0	KIOW HOL		1 Wester		<b>,</b> 4	1 05011
6. MAILING ADDRE	SS OF LIMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTAC			
Contact Name			Contact Title			
AIPRE	D ISARIKIE	Owner				
21 WICKLOW Rd			Weste	rh State	ZZ.	<sup>210</sup> 0289]
7. NAME AND ADDI	RESS OF EACH MANAGER	OF THE LIMITED LIAB	ILITY COMPANY, IF AI	PPLICABLE	-	
		S BEFORE USING ATTA		FOR ATTACHMENT		
AN'	Y MODIFICATIONS TO MA	ANAGERS REQUIRES FI	LING OF AMENDMENT,	R.J.G.L. 7-16-12 (a	ı) (2) / 7·16	5-52
Manager Name			Manager Name			
	•					
Sirver Address			Street Address			
City	State	Zip	City	State	-	Zip
						J
Manager Name			Manager Name			
Street Address			Street Address			
City	State :	Zip	City	State		Zip
9 DECIDENT ACEN	l I IN RHODE IŞLAND - DO	NOT ALTER Chance	i.	   642   BICI 7.1		··
Agent Name	i jia kiloofe ishviko - be	MOI WEIER - Changes	Address	II 042 • R.I.G.L. /•1	.0-11	·
Mem Man		• •	710(07)35			
ALFRED A. BARTKIEV	VICZ		<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u></u>
Address			City Zip		7. <b>(</b> p	
21 WICKLOW ROAD			WESTERLY 02891-		02891-	

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

	Under penalty of perjury, I declare and affirm that Lhave-examined this report, including any accompanying sphedules and statements, and that all statements,
File Date 12/21/25 *127910*	contained herein are true and correct.
By:FOR SECRETARY OF STATE USE ONLY	Signatur of Authorized Person  Date  Signatur of Authorized Person  Date  Print or Type Name of Authorized Person



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) 1. LD No. 2. Exact name of the limited liabilty company 127910 AAB CONSULTING, LLC 3. State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island CONSULTING TO THE PLASTIC INDUSTRY RHODE ISLAND 5. Principal office address State Zio 21 WICKLOW ROAD WESTERLY RI 02891-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Cortact Name Contact Title ALFRED BARTKIEWICZ Street Address City State Zip 21 WICKLOW ROAD . WESTERLY RI 02891-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" ROX 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 Zp•City Zip Manager Nume Manager Name Street Address ·Street Address City Siate 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 Address ALFRED A. BARTKIEWICZ 21 WICKLOW ROAD Address City 7.јр WESTERLY 02891-

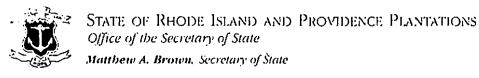
This report must be signed in ink by an authorized person pursuant to 7-16-66.



5/23/05 92:59:13 PM*
25/05
135
DA
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.
MINOR STANDER
Colling Various Collanos
Signature of Kuthorized Person Date
HIGHED ISARNIH WICZ
Print or Type Name of Authorized Person

Form 632 Rev. 6/02



Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_

2003

Filing Period: Septe			Filing Fee: \$50.00				
1 ID No.	FORM MUST BE TYPED OR PRINTED IN BLACK)  1 ID No. 2. Exact name of the limited liability company						
127910		AAB CONSULTING, LLC					
3. State of Formation	<u> </u>	4. Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAND CONSULTING TO THE				HE PLASTICS INDUSTRY			
5. Principal office address				City	State	٠	ZΨ
21 WICKLOW ROAD				Westerly	K	$\mathcal{I}$	<i>OZ8</i> 9]
6. MAILING ADDR	ESS OF 1.11	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	SON:		
AIFRED BARTKIEWICZ			Contact Title				
21 WICKLOW Rel			Westerly	State R	<u> </u>	<sup>210</sup> 02891	
•			OF THE LIMITED LIABI	LITY COMPANY, IF APPLICAL	BLE		'
				HMENTS ("X" BOX FOR AT			
Añ	NY MODIF	ICATIONS TO MAN	VAGERS REQUIRES FIL	ING OF AMENDMENT, R.I.G.I	7-16-12 (a	(2) / 7-16	-52
Manager Name				Manager Name			
Since Address			Street Address				
Cup		State	Zip	City	State		Zip
				· •			<u> </u>
Manager Name				Manager Name			
the set of desires							
Street Address			Street Address				
City		State	Zip	City	State		Zip
		• • • • • • • • • • • • • • • • • • • •		•			, <b>.</b>
8. RESIDENT AGEN	NT IN RHO	DE ISLAND - DO	NOT ALTER - Changes	require filing of Form 642 -	R.1.G.I 7-1	6-11	•
Agent Name			Address				
ALFRED A. BARTKIE	WICZ						
Address			City Ztp				
21 WICKLOW ROAD			WESTERLY 02891-				
				•			

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

	* 1 2 7 9 1	D *
File Date	RECEIVED	
Check No	JAN 14 2004 2505	
By:	DR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm including any accompanying schedules and s	
contained herein are true and correct.	)
Sept Som	105eAB
Signature of Authorized Person	Date
ALFRED BARTKI	EWICZ
Print or Type Name of Authorized Person	
	Form 632 Rev. 7/03