



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. 127910 | | 2. Exact name of the limited liability company AAB CONSULTING, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island CONSULTING TO THE PLASTIC INDUSTRY | | | |
| 5. Principal office address 21 WICKLOW Rd | | City WESTERLY | | State RI | Zip 02891 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name ALFRED BARTKIEWICZ | | | Contact Title owner | | |
| Street Address 21 WICKLOW Rd | | City Westerly | | State RI | Zip 02891 |
| 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 |
| 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 ALFRED A. BARTKIEWICZ | | | Address | | |
| Address 21 WICKLOW ROAD | | | City WESTERLY | Zip 02891- | |

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



| | | |
|---------------------------------|----------|----------|
| File Date | 12/21/05 | *127910* |
| Check No. | 187 | |
| By: | | |
| 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 20 Nov 05
ALFRED BARTKIEWICZ
Print or Type Name of Authorized Person



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| Manager Name | | • Manager Name | |
| Street Address | | • Street Address | |
| City | State | Zip | • City |
| • Manager Name | • Manager Name | | |
| Street Address | | • Street Address | |
| City | State | Zip | • City |
| State | | State | |
| Zip | | Zip | |
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| Agent Name ALFRED A. BARTKIEWICZ | | Address 21 WICKLOW ROAD | |
| Address | | City WESTERLY | Zip 02891- |

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



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| | |
|------------------------------------|---------|
| *127910 DLLC 05/23/05 02:59:13 PM* | |
| File Date | 5/25/05 |
| Check No. | 135 |
| By: | DA |
| 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 5/25/05
ALFRED BARTKIEWICZ
Print or Type Name of Authorized Person



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| Zip | | City | | State | Zip |
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| Street Address | | | Street Address | | |
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| File Date | RECEIVED |
| Check No. | JAN 14 2004 |
| By: | BY |
| 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 Sept 03**
ALFRED BARTKIEWICZ
Print or Type Name of Authorized Person