



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.<br><b>110312</b>   |                    | 2. Exact name of the limited liability company<br><b>MR. USA, LLC</b>   |                    |
| 3. State of Formation<br><b>Rhode Island</b>   |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>operate a laundering facility</b> |                    |
| 5. Principal office address<br><b>224 East Avenue</b>  |                    | City<br><b>Pawtucket</b>  | State<br><b>RI</b> |
|  |                    | Zip<br><b>02860-0000</b>  |                    |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |                    |   |                    |
| Contact Name<br><b>Libie Alone</b>   |                    | Contact Title<br><b>Member</b>  |                    |
| Street Address<br><b>224 East Avenue</b>   |                    | City<br><b>Pawtucket</b>  | State<br><b>RI</b> |
|  |                    | Zip<br><b>02860-0000</b>  |                    |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |                    |   |                    |
| Manager Name<br><b>Libie Alone</b>   |                    | Manager Name<br><b>George Leonard, II</b>   |                    |
| Street Address<br><b>580 East Avenue</b>   |                    | Street Address<br><b>404 Blackstone Boulevard</b>   |                    |
| City<br><b>Pawtucket</b>   | State<br><b>RI</b> | City<br><b>Providence</b>   | State<br><b>RI</b> |
| Zip<br><b>02860</b>  |                    | Zip<br><b>02906</b>   |                    |
| 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<br><b>Libie Alone</b>   |                    | Address<br><b>580 East Avenue</b>   |                    |
| Address  |                    | City<br><b>Pawtucket</b>  | State<br><b>RI</b> |
|  |                    | Zip<br><b>02860</b>   |                    |

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

|                                 |
|---------------------------------|
| File Date <u>9/28/05</u>        |
| Check No. <u>9011</u>           |
| By: <u>CP</u>                   |
| 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.

Libie Alone September 6, 2005  
Signature of Authorized Person Date  
By: Libie Alone  
Print or Type Name of Authorized Person  
Member



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.<br><b>110312</b>   |                    | 2. Exact name of the limited liability company<br><b>MR. USA, LLC</b>   |                    |
| 3. State of Formation<br><b>Rhode Island</b>   |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>operate a laundering facility</b> |                    |
| 5. Principal office address<br><b>224 East Avenue</b>  |                    | City<br><b>Pawtucket</b>  | State<br><b>RI</b> |
|  |                    | Zip<br><b>02860-0000</b>  |                    |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |                    |   |                    |
| Contact Name<br><b>Libie Alone</b>   |                    | Contact Title<br><b>Member</b>  |                    |
| Street Address<br><b>224 East Avenue</b>   |                    | City<br><b>Pawtucket</b>  | State<br><b>RI</b> |
|  |                    | Zip<br><b>02860-0000</b>  |                    |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |                    |   |                    |
| Manager Name<br><b>Libie Alone</b>   |                    | Manager Name<br><b>George Leonard, II</b>   |                    |
| Street Address<br><b>580 East Avenue</b>   |                    | Street Address<br><b>404 Blackstone Boulevard</b>   |                    |
| City<br><b>Pawtucket</b>   | State<br><b>RI</b> | City<br><b>Providence</b>   | State<br><b>RI</b> |
| Zip<br><b>02860</b>  |                    | Zip<br><b>02906</b>   |                    |
| 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<br><b>Libie Alone</b>   |                    | Address<br><b>580 East Avenue</b>   |                    |
| Address  |                    | City<br><b>Pawtucket</b>  | State<br><b>RI</b> |
|  |                    | Zip<br><b>02860</b>   |                    |

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

|                                 |                 |
|---------------------------------|-----------------|
| File Date                       | <b>10/18/04</b> |
| Check No.                       | <b>8489</b>     |
| By:                             | <b>U.</b>       |
| 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.

 **September 7, 2004**  
Signature of Authorized Person Date

**Libie Alone**

Print or Type Name of Authorized Person

By:

**Member**



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.<br><b>110312</b>   |                    | 2. Exact name of the limited liability company<br><b>MR. USA, LLC</b>   |                    |
| 3. State of Formation<br><b>Rhode Island</b>   |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>operate a laundering facility</b> |                    |
| 5. Principal office address<br><b>224 East Avenue</b>  |                    | City<br><b>Pawtucket</b>  | State<br><b>RI</b> |
|  |                    | Zip<br><b>02860-0000</b>  |                    |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |                    |   |                    |
| Contact Name<br><b>Libie Alone</b>   |                    | Contact Title<br><b>Member</b>  |                    |
| Street Address<br><b>224 East Avenue</b>   |                    | City<br><b>Pawtucket</b>  | State<br><b>RI</b> |
|  |                    | Zip<br><b>02860-0000</b>  |                    |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |                    |   |                    |
| Manager Name<br><b>Libie Alone</b>   |                    | Manager Name<br><b>George Leonard, II</b>   |                    |
| Street Address<br><b>580 East Avenue</b>   |                    | Street Address<br><b>404 Blackstone Boulevard</b>   |                    |
| City<br><b>Pawtucket</b>   | State<br><b>RI</b> | City<br><b>Providence</b>   | State<br><b>RI</b> |
| Zip<br><b>02860</b>  |                    | Zip<br><b>02906</b>   |                    |
| 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<br><b>Libie Alone</b>   |                    | Address<br><b>580 East Avenue</b>   |                    |
| Address  |                    | City<br><b>Pawtucket</b>  | State<br><b>RI</b> |
|  |                    | Zip<br><b>02860</b>   |                    |

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

|                                 |
|---------------------------------|
| File Date <b>10/21/03</b>       |
| Check No. <b>7879</b>           |
| 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  
**Libie Alone**  
Date  
**September 2, 2003**  
Member  
Print or Type Name of Authorized Person



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.<br><b>110312</b>   |                    | 2. Exact name of the limited liability company<br><b>MR. USA, LLC</b>   |                    |
| 3. State of Formation<br><b>Rhode Island</b>   |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>operate a laundering facility</b> |                    |
| 5. Principal office address<br><b>224 East Avenue</b>  |                    | City<br><b>Pawtucket</b>  | State<br><b>RI</b> |
|  |                    | Zip<br><b>02860-0000</b>  |                    |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |                    |   |                    |
| Contact Name<br><b>Libie Alone</b>   |                    | Contact Title<br><b>Member</b>  |                    |
| Street Address<br><b>224 East Avenue</b>   |                    | City<br><b>Pawtucket</b>  | State<br><b>RI</b> |
|  |                    | Zip<br><b>02860-0000</b>  |                    |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |                    |   |                    |
| Manager Name<br><b>Libie Alone</b>   |                    | • Manager Name<br><b>George Leonard, II</b>   |                    |
| Street Address<br><b>580 East Avenue</b>   |                    | • Street Address<br><b>404 Blackstone Boulevard</b>   |                    |
| City<br><b>Pawtucket</b>   | State<br><b>RI</b> | City<br><b>Providence</b>   | State<br><b>RI</b> |
| Zip<br><b>02860</b>  |                    | Zip<br><b>02906</b>   |                    |
| • Manager Name   |                    | • Manager Name  |                    |
| • Street Address   |                    | • Street Address  |                    |
| City   |                    | City  |                    |
| State  |                    | 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<br><b>Libie Alone</b>   |                    | Address<br><b>580 East Avenue</b>   |                    |
| Address  |                    | City<br><b>Pawtucket</b>  | State<br><b>RI</b> |
|  |                    | Zip<br><b>02860</b>   |                    |

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

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>9.20.02</b>     |
| Check No.                       | <b>7352</b>        |
| By:                             | <b>[Signature]</b> |
| 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]**  
Signature of Authorized Person

**September 3, 2002**  
Date

**Libie Alone**

**Member**

Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

## LIMITED LIABILITY COMPANY

ID Number 110312

Annual Report for the year 2001

1. The name of the limited liability company is:

MR. USA, LLC

2. The address of the principal office of the limited liability company is:

224 East Avenue

Pawtucket

RI

02860-0000

3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island

4. The name and address of its resident agent is: Libie Alone

580 East Avenue

Pawtucket

RI

02860

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Libie Alone

224 East Avenue

Pawtucket

RI

02860-0000

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: operate a laundering facility

7. If the limited liability company has managers, list the name and address of each manager:

*Name*

*Address*

Libie Alone

580 East Avenue

Pawtucket

RI

02860

George Leonard, II

404 Blackstone Boulevard

Providence

RI

02906

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.

Date: September 1, 2001

MR. USA, LLC

*Exact Name of Limited Liability Company*

By Libie Alone

Libie Alone

Member

*Title*