

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 <u>2005</u>

Filing Period: Septen FORM MUST BE TYPE.	OR PRINTED IN BLA	CK)					
I. ID No.	No. 2. Exact name of the limited liabilty company						
110312	MR. USA. LLC						
3. State of Formation	4. Brief descript	ion of the character of the b	nisiness which is actually conducted	in Rhode Island			
Rhode Island	operate a	laundering facility					
5. Principal office addres	5		City	State	Zip		
224_East Avenue	•		Pawtucket	RI	02860-0000		
6. MAILING ADDR	ESS OF LIMITED	LIABILITY COMPAN	YAND NAME OR TITLE	OF CONTACT	PERSON:		
Contact Name			Contact Title				
Libie Alone			' Member				
Street Address			City	State	Zip		
224_East_Avenue	•		· Pawtucket	RI	02860-0000		
7. NAME AND ADD	RESS OF EACH M	ANAGER OF THE L	IMITED LIABILITY COMI	PANY, IF APPL	ICABLE		
	FILL IN SP	ACES BEFORE USING	ATTACHMENTS CY BOX F	OR ATTACHMENT			
	ANY MODIFICATIONS	TO MANAGERS REQUI	RES FILING OF AMENDMENT. R	R.I.G.L 7-16-12 (a)	(2) / 7-16-52		
Manager Name			• Manager Name				
Libie Alone			· George Leonard, II				
Street Address			* Street Address				
580 East Avenue	•		· 404 Blackstone B	loulevard			
City	State	Zip	*City	State	Zip		
Pawtucket	J . RI		Providence	RI	02906		
Manager Name			*Manager Name				
			:				
Street Address			·Street Address		-		
<u></u>							
City	State	Zip	,Cîry	State	Zip		
·			<u> </u>				
	T IN RHODE ISLAN	D -DO NOT ALTER- Ch	anges require filing of Fo	orm 642 - R.I.G	L_ 7-16-11		
			Address				
Agent Name			580 East Avenue				
Agent Name Libie Alone	_						
			City		Zip		
			City Pawtucket	RI	02860		

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

File Date	9/28/05
Check No.	901/
B <u>y:</u>	ch
FOR SECRE	ETARY 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.

Jac Charles

Signature of Authorized Person

September 6, 2005

Date

Libie Alone

By:
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

Member





Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

Form 632 Rev. 6/02

2004

FORM MUST BE TYP	ED OR PRINTED IN BLA	tted liebiles seminario		·			
1. ID No. 110312	MR. USA, LLC	name of the limited liabilty company . USA, LLC					
3. State of Formation 4. Brief description of the character of the but operate a laundering facility			siness which is actually conducted in Rhode Island				
5. Principal office address 224 East Avenue			Pawtucket	State RI	02860-0000		
6. MAILING ADD Coniaci Name Libie Alone	RESS OF LIMITED	LIABILITY COMPAN	YAND NAME OR TITLE Conjugat Title Member	OF CONTACT P	ERSON:		
Street Address 224 East Avenue	<u> </u>	·	City Pawtucket	State R1	^{2ip} 02860-0000		
Manager Name Libie Alone		PACES BEFORE USING A TO MANAGERS REQUIR	Manager Name George Leonard,		_		
Street Address 580 East Avenue	e		*Street Address 404 Blackstone B	• Street Address • 404 Blackstone Boulevard			
Cin. Pawtucket	State RI	^{Zip} 02860	Providence	State RI	02906		
Manager Name			*Manager Name				
Street Address			Street Address				
City	Siale	Zip	City	State	Zip		
	NT IN PHONE ISLAN	D -00 NOT ALTER- Cha	inges require filing of Fo	orm 642 - R.I.G.L	. 7-16-11		
8. RESIDENT AGE Agent Name Libie Alone	NI IN KHODE ISLAN		580 East Avenue		_		

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 confirmed herein are true and correct.
File Date 1018 04	September 7, 2004
Check No. 84.8	Signature of Authorized Person Date
By: U),	Libie Alone
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person By:
TOK SIEKE MAY OF BINDE GOO GIVE.	Member Form 632 Rev. 6/0



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222 3040

2003 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No. 110312 2. Exact name of the limited liabilty company MR. USA, LLC

3. State of Formation 4 Brief description of the character of the husiness which is actually conducted in Rhode Island operate a laundering facility Rhode Island 5. Principal office address City State Zip 224 East Avenue Pawtucket RI 02860-0000 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Libie Alone Cantact Title . Member Street Address City State 224 East Avenue RI . Pawtucket D2860-0000 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 Libie Alone George Leonard, II Sireei Address · Sircei Address 580 East Avenue 404 Blackstone Boulevard Cin State State Zip Zip **029**06 **Pawtucket** RI D2860 Providence RI Manager Name Manager Name Street Address ·Sircei Address Cin State City State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name Address Libie Alone 580 East Avenue Address City Pawtucket

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

) - /a a
File Date 10/21/03
Check No. 7879
na .
SON SECURETARY OF STATE LIST ONLY
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare another penalty of perjury, I declare another penalty accompanyi	ng schedules and statements.
and that all stylements contained here	in are true and correct. September 2, 2003
Signature of Authbrited Preson	Date
Libie Alone	Member
Print or Type Name of Authorized Person	

RI

02860



(FORM MUST BE TYPED OR PRINTED IN BLACK)

8<u>y:</u>

FOR SECRETARY OF STATE USE ONLY

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

1. ID No. 110312	MR. USA, L				
3. State of Formation	4. Brief des	cription of the character of the	business which is actually conducted	in Rhode Island	
Rhode Island	operate	a laundering facility			
5. Principal office address			City	State	Zip
224 East Avenue			Pawtucket	RI	02860-0000
6. MAILING AD	DRESS OF LIMIT	D LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT PE.	RSON:
Contact Name			Contact Title		
Libie Alone Street Address		·	• Member		
224 East Avenue			City Pawtucket	State RI	Zip 02860-0000
7. NAME AND AL	DDRESS OF EACH	MANAGER OF THE I	IMITED LIABILITY COM	PANY, IF APPLIC	ABLE
	FILL, II	N SPACES BEFORE USING	ATTACHMENTS ("X" BOX F	FOR ATTACHMENT)	<u></u>
<u> </u>	ANY MODIFICATIO	NS TO MANAGERS REQU	RES FILING OF AMENDMENT. I	R.I.G.L 7-16-12 (a) (2)	/ 1-16-52
Manager Name			•Manager Name		-
Libie Alone			George Leonard, I	1	
Street Address	_		· Street Address		
580 East Avenu			404 Blackstone Bo		
City Pawtucket	State	Zip	City	State	Zip
Manager Name	J.RI	02860	Providence	Į RI	02906
			Manager Name		
Street Address			Street Address		
			•		
City	State	Zip	City	State	Zip
O DESCRIPTION OF THE PARTY OF T			<u> </u>		
B. RESIDENT AGE	ENT IN RHODE ISL	AND -DO NOT ALTER- Ch	anges require filing of F	orm 642 - R.I.GL., 7	-16-11
Libie Alone			Address		
Address		 <u>.</u>	580 East Avenue		
Audress			City		Lip -
<u> </u>		·	Pawtucket	RI RI	02860
This report must b	e signed in ink by	an authorized person p	oursuant to 7-16-66.		
File Date	<u>92</u>	0-02	this report, including	rjury, I declare and aff g any accompanying s nts contained herein ar	firm that I have examined chedules and statements, to true and correct. September 3, 2002

Libie Alone

Print or Type Name of Authorized Person

Member

Filing Fee: \$50.00



Revised: 01/99

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		•	Annual Repo	rt for the year _	2001
1.	The name of the limited liability c	ompany is:				
2.	The address of the principal office	e of the limite	d liability company is: Pawtucket	RI	02860-0000	
3.	The state or other jurisdiction und	er the laws of	which it is formed is:_	Rhode Island	i	
4.	The name and address of its resid		T '11 ' A 1	····		
	580 East Avenue		Pawtucket	RI	02860	
5 .	The current mailing address of communications may be directed		Libie Alone	nd the name	e or title of a	person to whom
	224 East Avenue		Pawtucket	RI	02860-0000	
7.	state: operate a laundering facility If the limited liability company has			ess of each m		
	Libic Alone	580	East Avenue	Pawtucket	RI	02860
	George Leonard, II		Blackstone Boulevard		RL	
		re	nder penalty of perjury port, including any a at all statements conta	ccompanying	schedules and	d statements, and
Da	ate: September 1, 2001		MR. USA, LLC		,er +	
0	9-25-01 ULH 6882 Dr	B ₎	Shi A	Membe	iability Company	
For	rm No. 632			1100		