



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. 135117		2. Exact name of the limited liability company XTREME COMPUTERS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMPUTER SALES AND SERVICES			
5. Principal office address 914 Lonsdale Ave		City Central Falls	State RI	Zip 02863	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Domingo Guzman			Contact Title President		
Street Address 918 Lonsdale Ave		City Central Falls	State RI	Zip 02863	
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 checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Domingo E Guzman			Manager Name		
Street Address 918 Lonsdale Ave			Street Address		
City Central Falls	State RI	Zip 02863	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 DOMINGO E. GUZMAN			Address		
Address 918 LONSDALE AVENUE			City CENTRAL FALLS	Zip 02863	

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



FILED 135117

File Date

SEP 08 2005

Check No.

By 316 GMH

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.

Domingo E Guzman 09-06-05
Signature of Authorized Person Date

Domingo E Guzman
Print or Type Name of Authorized Person



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

2004

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. 135117		2. Exact name of the limited liability company XTREME COMPUTERS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Computer Sales & Services			
5. Principal office address 914 Lonsdale av.		City Central Falls	State RI	Zip 02863	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Domingo Guzman		Contact Title President			
Street Address 918 Lonsdale av		City Central Falls	State RI	Zip 02863	
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 Domingo Guzman		Manager Name			
Street Address 918 Lonsdale av		Street Address			
City Central Falls	State RI	Zip 02863	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 DOMINGO E. GUZMAN			Address		
Address 918 LONSDALE AVENUE			City CENTRAL FALLS	Zip 02863-	

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



* 1 3 5 1 1 7 *

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.

Domingo Guzman 11/30/04
Signature of Authorized Person Date

Domingo Guzman
Print or Type Name of Authorized Person

File Date 12/14/04

Check No. 1025

By: W.

FOR SECRETARY OF STATE USE ONLY