

Corporations Division 4 100 North Main Street Providence, RI 02903-1335 401.222.3040

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

Filing Period: September 1 · November 1 · Filing Fee: \$50.00

FORM MUST BE TY	PED OR PRINT	ED IN BLACK)						
1 1D No. 135117	1	P. Exact name of the limited liability company KTREME COMPUTERS, LLC						
3 State of Formattor RHODE ISLAN		•	of the character of the business ALES AND SERVICES	which is actually conducted in Rhode	r Island			
5. Principal office at Q111	1	tale the	· ·	Central Falls	State R±	Z(p	—— 363	
6. MAILING AD			TY COMPANY AND NA	ME OR TITLE OF CONTACT I	,	1 1025	· · · · ·	
Contact Name	^	∽ α∩		Contact Title President				
Street Address O	onscale.	Are		Central Falls	Siak	<i>Zlp</i> ○ <i>Q</i> {	363	
7. NAME AND A		FILL IN SPACE	CES BEFORE USING ATT	ABILITY COMPANY, IF APPL FACHMENTS ("X" BOX FOR FILING OF AMENDMENT, R.	R ATTACHMENT	7 Q		
Manager Name				Manager Name	Manager Name			
Domine	~ r	Suzman						
Sireci Address 918 Le	onsdale	dre		Sinver Address				
Central	Falls	State CE	^{Z49} ⊗63	City	State	Zip		
Manager Name				Manager Name				
Sirvei Address				Street Address	<u> </u>			
City	_	State	Zip	City	State	Zip		
Agent Name		ODE ISLAND - I	DO NOT,ALTER - Chang	ges require filing of Form 6	42 - R.I.G.L. 7-1	16-11		
DOMINGO E. GU	<u>LMAN</u>				<u> </u>	7/5		
918 LONSDALE AVENUE			City CENTRAL FALLS	1 '		2(p 02863-		

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

File Date	FILED135117] /
Check No.	SEP 0 8 2005	
Ву:	By 316 GM	
1	FOR SECRETARY OF STATE USE ONLY	

_	Under penalty of perjury, I declare a including any accompanying scheduling		
	contained herein are true and	<u></u>	
	Janis E 4	8-09-0	06-05
	Signature of Authorized Person	Date	-
	Dominso F. Print or Type Name of Muthorized Per	Guzman	
	Print or Type Name of Muthorized Per	rson	



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

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FORM MUST BE TYPED (OR PRINTED IN BLACK)						
1 ID Na 135117	2 Exact name of the limited liability company XTREME COMPUTERS, LLC						
3 State of Formation	4. Brief description of a	the character of the hus	stness which is actually conducted to	r Rhode Island			
RHODE ISLAND	Comput	ier Sales	& Services				
5 Principal office address 914 Lons d	lale av.		Central Fal	Ils State RI	07863		
6. MAILING ADDRES	S OF LIMITED LIABILITY	COMPANY AND	NAME OR TITLE OF CONT	ACT PERSON:			
Contact Name Domingo Guzman			Contact Title Pre	: President			
918 Lonsdale av			cuy Centra	/ Fulls Suite RI	02863		
	FILL IN SPACE	S BEFORE USING	D LIABILITY COMPANY, IF FATTACHMENTS ("X" BO RES FILING OF AMENDMEN	X FOR ATTACHMENT)	_		
Manager Name			Manager Name	Manager Name			
1 }	ningo Guzu	nan					
Sirrer Address G18 Con	sdale an		Street Address				
Central Fa	ily state RI	07863	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT Agent Name DOMINGO E. GUZMAN		NOT ALTER - CI	hanges require filing of Fo	orm 642 - R.I.G.L. 7-1	6-11		
Address 918 LONSDALE AVENUE			Cuy CENTRAL FALLS	1 .			
			·				

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



File Date 12 14 04
Check No. 1025
Ву:
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

Domingo Guzman