



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. 126017		2. Exact name of the limited liability company A.T. LASER SERVICES, llc			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island LASER CONSULTANCY, SALES AND SERVICE.			
5. Principal office address 268 NORTHUP STREET			City CRANSTON	State RI	Zip 02905
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ALLAN TOMASELLI			Contact Title OWNER		
Street Address 268 NORTHUP STREET			City CRANSTON	State RI	Zip 02905
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 ALLAN TOMASELLI			Address		
Address 268 NORTHOP STREET			City CRANSTON	Zip 02905	

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



File Date	<u>10/24/05</u>	*126017*
Check No.	<u>205</u>	
By:	<u>CXC</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.

A. TomaseLLi 10/21/05
Signature of Authorized Person Date

ALLAN TOMASELLI
Print or Type Name of Authorized Person



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. 126017		2. Exact name of the limited liability company A.T. LASER SERVICES, llc			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island LASER CONSULTANCY, SALES AND SERVICE.			
5. Principal office address 268 NORTHUP STREET		City CRANSTON	State RI	Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name A. TOMASELLI			Contact Title OWNER		
Street Address 268 NORTHUP STREET		City CRANSTON	State RI	Zip 02905	
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 ALLAN TOMASELLI			Address		
Address 268 NORTHOP STREET		City CRANSTON	Zip 02905-		

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



* 1 2 6 0 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.

File Date	<u>10/29/04</u>
Check No.	<u>177</u>
By:	<u>W.</u>
FOR SECRETARY OF STATE USE ONLY	

A. TomaseLLi 10/27/04
Signature of Authorized Person Date
A. TOMASELLI
Print or Type Name of Authorized Person



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. 126017		2. Exact name of the limited liability company A.T. LASER SERVICES, llc			
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island LASER CONSULTANCY, SALES, SERVICE			
5. Principal office address 269 NORTHUP STREET			City CRANSTON	State RI	Zip 02905
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ALLAN TOMASELLI			Contact Title OWNER		
Street Address 269 NORTHUP STREET			City CRANSTON	State RI	Zip 02905
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 ALLAN TOMASELLI			Address		
Address 268 NORTHOP STREET			City CRANSTON	Zip 02905-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 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 contained herein are true and correct.

File Date 10/27/03
 Check No. 147
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY

A. Tomaselli 10/24/03
 Signature of Authorized Person Date
ALLAN TOMASELLI
 Print or Type Name of Authorized Person