



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. 111419		2. Exact name of the limited liability company Advantage Equipment Rentals, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island EQUIPMENT RENTALS	
5. Principal office address C/O R. BOUCHER, CPA 273 GREAT ROAD		City NORTH SMITHFIELD	State RI
		Zip 02896-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEPHEN A CARDI, II		Contact Title MGR	
Street Address 380 LINCOLN AVENUE		City WARWICK	State RI
		Zip 02888-	
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 Stephen A. Cardi, II		Manager Name .	
Street Address 380 Lincoln Avenue		Street Address .	
City Warwick	State RI	City .	State .
Zip 02888	Zip .	Zip .	Zip .
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	City .	State .
Zip .	Zip .	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 JON A. MILLS, ESQ.		Address 222 JEFFERSON BOULEVARD	
Address CAMPANELLA & MILLS, LTD.		City WARWICK	Zip 02888-

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



1 1 1 4 1 9

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] 9/26/05
Signature of Authorized Person Date

Stephen A. Cardi II Manager
Print or Type Name of Authorized Person

111419 DLLC 08/30/05 10:35:56 AM

File Date 9/26/05

Check No. 3446

By: *[Signature]*

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
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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)

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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island EQUIPMENT RENTALS			
5. Principal office address 273 GREAT ROAD c/o Roland Boucher			City NORTH SMITHFIELD	State RI	Zip 02896-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Stephen A. Cardi, II			Contact Title MGR		
Street Address 380 Lincoln Avenue			City WARWICK	State RI	Zip 02888-
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 Stephen A. Cardi, II			Manager Name		
Street Address 380 Lincoln Avenue			Street Address		
City Warwick	State RI	Zip 02888	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 JON A. MILLS, ESQ.			Address 222 JEFFERSON BOULEVARD		
Address CAMPANELLA & MILLS, LTD.			City WARWICK	Zip 02888-	

FILED

SEP 13 2004

By Kunc
m 4/26/03

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



1 1 1 4 1 9

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.

Stephen A. Cardi, II Manager 9/13/04
Signature of Authorized Person Date

Stephen A. Cardi, II
Print or Type Name of Authorized Person

111419 DLLC 09/08/04 03:49:15 PM

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY



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. 111419		2. Exact name of the limited liability company Advantage Equipment Rentals, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island EQUIPMENT RENTALS	
5. Principal office address C/O R. BOUCHER, CPA 273 GREAT ROAD		City NORTH SMITHFIELD	State RI
		Zip 02896-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEPHEN A CARDI, II		Contact Title MGR	
Street Address 380 LINCOLN AVENUE		City WARWICK	State RI
		Zip 02888-	
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 Stephen A. Cardi, II		Manager Name	
Street Address 380 Lincoln Avenue		Street Address	
City Warwick	State RI	Zip 02888	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 JON A. MILLS		Address 222 JEFFERSON BOULEVARD	
Address CAMPANELLA & MILLS, LTD.		City WARWICK	Zip 02888-

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



1 1 1 4 1 9

111419 DLLC 09/15/03 03:11:52 PM
File Date <u>9/30/03</u>
Check No. <u>1627</u>
By: <u>OA</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.


Signature of Authorized Person 9/24/03
Date

Stephen A. Cardi, Treasurer
Print or Type Name of Authorized Person



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. *111419*		2. Exact name of the limited liability company Advantage Equipment Rentals, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island EQUIPMENT RENTALS			
5. Principal office address C/O Stephen A. Cardi, 380 Lincoln Avenue			City Warwick	State RI	Zip 02888-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Stephen A. Cardi, II			Contact Title Manager		
Street Address 380 Lincoln Avenue			City Warwick	State RI	Zip 02888
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 Stephen A. Cardi, II			*Manager Name		
Street Address 380 Lincoln Avenue			*Street Address		
City Warwick	State RI	Zip 02888	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 JON A. MILLS			Address 222 JEFFERSON BOULEVARD		
Address CAMPANELLA & MILLS, LTD.			City WARWICK	Zip 02888-	

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



* 1 1 1 4 1 9 *

RECEIVED
SECRETARY OF STATE
JAN 15 8 41 AM '03

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.

111419 DLLC12/13/0211:29:15 AM

File Date **FILED**

Check No. **JAN 15 2003**

By: Stephen A. Cardi II #11259

FOR SECRETARY OF STATE USE ONLY

Stephen A. Cardi II 01/14/03
Signature of Authorized Person Date

Stephen A. Cardi II
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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 111419

Annual Report for the year 2001

1. The name of the limited liability company is:

Advantage Equipment Rentals, LLC

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

c/o Roland M. Boucher, CPA 273 Great Road, North Smithfield, RI 02896

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: JON A. MILLS

CAMPANELLA & MILLS, LTD. 222 JEFFERSON BOULEVARD WARWICK RI 02888-

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: c/o Roland M. Boucher, CPA, 273 Great Road, North

Smithfield, RI 02896 Roland M. Boucher, CPA

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: equipment rentals

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

Name	Address
<u>Roland M. Boucher, CPA</u>	<u>c/o Roland M. Boucher, CPA</u>
	<u>273 Great Road, North Smithfield, RI 02896</u>

Dated 10/26/01

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.



Advantage Equipment Rentals, LLC
Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date: 10/30/01

Check No.: OCT 30 2001

By: By Oc 4 13

By: [Signature]
Roland M. Boucher, CPA
Operating Manager
Title

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be