



**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 125820		2 Exact name of the limited liability company Apex Advantage, LLC			
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island RETAIL AND WHOLESALE			
5 Principal office address 100 Main Street			City Pawtucket	State RI	Zip 02860
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Andrew A. Gates			Contact Title Manager		
Street Address 100 Main Street			City Pawtucket	State RI	Zip 02860
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 Andrew A. Gates			Manager Name		
Street Address 100 Main Street			Street Address		
City Pawtucket	State RI	Zip 02860	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 V. DUNCAN JOHNSON, ESQ.			Address EDWARDS & ANGELL, LLP		
Address 2800 FINANCIAL PLAZA			City PROVIDENCE	Zip 02903	

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



File Date	10/19/05	125820
Check No.	2312	
By:	<i>[Signature]</i>	
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]*, 1488 . 9/26/05  
Signature of Authorized Person Date

Andrew A. Gates  
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

# 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. 125820		2. Exact name of the limited liability company Apex Advantage, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Retail and wholesale			
5. Principal office address 100 Main Street		City Pawtucket	State RI	Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Andrew A. Gates			Contact Title Manager		
Street Address 100 Main Street		City Pawtucket	State RI	Zip 02860	
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 Andrew A. Gates		Manager Name .			
Street Address 100 Main Street		Street Address .			
City Pawtucket	State RI	Zip 02860	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 V. Duncan Johnson, Esq.			Address c/o Edwards & Angell, LLP		
Address 2800 Financial Plaza		City Providence, RI	Zip 02903		

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



1 2 5 8 2 0

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.

By: Andrew A. Gates      October 6, 2004  
Signature of Authorized Person      Date

Andrew A. Gates, Manager  
Print or Type Name of Authorized Person

File Date	<u>10/12/04</u>
Check No.	<u>1796</u>
By:	<u>DA</u>
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 <b>125820</b>		2. Exact name of the limited liability company <b>Apex Advantage, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Retail &amp; Wholesale</b>			
5. Principal office address <b>100 Main Street</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Andrew A. Gates</b>			Contact Title <b>Manager</b>		
Street Address <b>100 Main Street</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
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 <b>Andrew A. Gates</b>			Manager Name		
Street Address <b>100 Main Street</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	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 <b>V. DUNCAN JOHNSON, ESQ.</b>			Address <b>EDWARDS &amp; ANGELL, LLP</b>		
Address <b>2800 FINANCIAL PLAZA</b>			City <b>PROVIDENCE</b>	Zip <b>02903-</b>	

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



**FILED**

File Date

**OCT 09 2003**

Check No.

By: **By 1350 COM**

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.

by: Andrew A. Gates, Mgr.  
Signature of Authorized Person Date

Andrew A. Gates, Manager  
Print or Type Name of Authorized Person