



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 3640

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 139522		2 Exact name of the limited liability company SCHOFIELD IMAGING ASSOCIATES, L.L.C.	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island ELECTRONIC IMAGING RESEARCH AND DESIGN	
5 Principal office address 9 ATLANTIC AVENUE		City NARRAGANSETT	State RI
		Zip 02882-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name HAROLD D. SCHOFIELD		Contact Title MANAGER	
Street Address 9 ATLANTIC AVENUE		City NARRAGANSETT	State RI
		Zip 02882	
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 HAROLD D. SCHOFIELD		• Manager Name	
Street Address 9 ATLANTIC AVENUE		• Street Address	
City NARRAGANSETT	State RI	Zip 02882	• City
• Manager Name		• State	
• Street Address		• Zip	
• 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 DENNIS R. GANNON		Address 11 OLD PHENIX AVENUE	
Address		City CRANSTON	Zip 02921-

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



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File Date	9/12/05
Check No.	1262
By:	DA
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

Harold D. Schofield

Print or Type Name of Authorized Person