



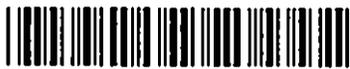
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 102131		2. Exact name of the limited liability company CRESTAR MFG. LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL PICTURE FRAMING			
5. Principal office address 42 LADD Street		City EAST GREENWICH	State RI	Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JASON DITTLEMAN			Contact Title PRESIDENT		
Street Address 42 LADD STREET 185 SEABREEZE DRIVE		City EAST GREENWICH NO. KINGSTON	State RI	Zip 02818 02852	
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 JASON DITTLEMAN			Manager Name		
Street Address 185 SEABREEZE Drive			Street Address		
City NO. KINGSTON	State RI	Zip 02852	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 JASON DITTLEMAN			Address		
Address 42 LADD STREET			City EAST GREENWICH	Zip 02818-	

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



File Date	9/6/05	*102131*
Check No.	4607	
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: JASON DITTLEMAN Date: 8-30-05
Print or Type Name of Authorized Person: JASON DITTLEMAN



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. 102131		2. Exact name of the limited liability company CRESTAR MFG. LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL PICTURE FRAMING	
5. Principal office address 42 LADD ST		City East Greenwich	State RI
		Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JASON DITTELMAN		Contact Title President	
Street Address 185 Seabreeze Dr.		City No. Kingstown	State RI
		Zip 02852	
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 Jason Dittelman		Manager Name Cathy Buchanan	
Street Address 185 Seabreeze Dr		Street Address 185 Seabreeze Dr	
City No. Kingstown	State RI	City No. Kingstown	State RI
Zip 02852		Zip 02852	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
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 JASON DITTELMAN		Address	
Address 42 LADD STREET		City EAST GREENWICH	Zip 02818

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



* 1 0 2 1 3 1 *

File Date	9/15/04
Check No.	3523
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 9-14-04
Print or Type Name of Authorized Person JASON DITTELMAN	



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

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No 102131		2 Exact name of the limited liability company CRESTAR MFG. LLC	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL PICTURE FRAMING	
5 Principal office address		City	State
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:		Zip	
Contact Name JASON DITTLEMAN		Contact Title	
Street Address 42 LAOD ST.		City EAST GREENWICH	State RI
		Zip 02818	
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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
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 SANDRA H. SMITH		Address	
Address 164 AIRPORT ROAD		City WARWICK	Zip 02889

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



* 1 0 2 1 3 1 *

File Date 9 23 03
 19078
 By: [Signature]
 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] SEPT 15 03
 Signature of Authorized Person Date
JASON DITTLEMAN
 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. *102131*		2. Exact name of the limited liability company CRESTAR MFG. LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL PICTURE FRAMING	
5. Principal office address 42 LADD STREET		City EAST GREENWICH	State RI Zip 02818
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JASON DITTELMAN		Contact Title	
Street Address 42 LADD STREET		City EAST GREENWICH	State RI Zip 02818
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 Jason Dittelman		Manager Name Cathy Buchanan	
Street Address 42 LADD STREET		Street Address 42 LADD STREET	
City East Greenwich	State RI	Zip 02818	City East Greenwich
State RI	Zip 02818	City East Greenwich	State RI
Zip 02818	City East Greenwich	State RI	Zip 02818
Street Address		Street Address	
City	State	Zip	City
State	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 SANDRA H. SMITH		Address 164 AIRPORT ROAD	
Address		City WARWICK	Zip 02889

RECEIVED
FEB 20 2 19 PM '03
STATE

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



* 1 0 2 1 3 1 *

102131 DLLC1/9/034 53:56 PM

FILED

File Date FEB 20 2003

Check No. BY GAB 313140

By: BY GAB 313140

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.

Cathy Buchanan 1/13/03
Signature of Authorized Person Date

Cathy Buchanan
Print or Type Name of Authorized Person



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2001

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *102131*		2. Exact name of the limited liability company CRESTAR MFG. LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL PICTURE FRAMING	
5. Principal office address 42 LADD STREET		City EAST GREENWICH	State RI Zip 02818
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JASON DITTELMAN		Contact Title	
Street Address 42 LADD STREET		City EAST GREENWICH	State RI Zip 02818
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 Jason Dittelman		Manager Name Cathy Buchanan	
Street Address 42 LADD Street		Street Address 42 LADD Street	
City East Greenwich	State RI	Zip 02818	City East Greenwich
State RI	Zip 02818	City East Greenwich	State RI
Zip 02818	City East Greenwich	State RI	Zip 02818
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name SANDRA H. SMITH		Address 164 AIRPORT ROAD	
Address		City WARWICK	Zip 02889

RECEIVED
 FEB 20 2 19 PM '03

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



* 1 0 2 1 3 1 *

102131 DLLC1/9/034 52:31 PM

FILED

File Date FEB 20 2003

Check No. _____

By: GM 3131 40

FOR SECRETARY OF STATE USE ONLY

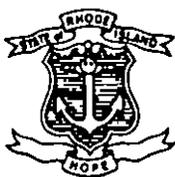
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Cathy Buchanan 1/13/03
Signature of Authorized Person Date

Cathy Buchanan
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 DLIC 102131

Annual Report for the year 2000

1. The name of the limited liability company is:

CRESTAR MFG. LLC

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

42 LADD ST EAST GREENWICH RI 02818

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: SANDRA H. SMITH

164 AIRPORT ROAD WARWICK RI 02889

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: JASON DITTELMAH

42 LADD ST EAST GREENWICH RI 02818

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

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

Name

Address

CATHY BUCHANAN

42 LADD ST EAST GREENWICH RI 02818

JASON DITTELMAH

42 LADD ST EAST GREENWICH RI 02818

Dated 10/19/00

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.



1 0 2 1 3 1

CRESTAR MFG LLC

Exact Name of Limited Liability Company

By Cathy Buchanan

PARTNER

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-23-00

Check No.: 949

By: AMF

Form No. 632
Revised 01/99

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 LL 102131

Annual Report for the year 1999

1. The name of the limited liability company is:

CRESTAR MFG. LLC

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

70 Ladd Street, East Greenwich, RI 02818

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: SANDRA H. SMITH

164 AIRPORT ROAD WARWICK, RI 02889

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: 42 Ladd Street, East Greenwich, RI 02818

Attention: Jason Dittelman

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this commercial photography, wood working, custom photograph framing, picture framing and sale of same. Custom Picture Framing

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

Name

Address

Dated Sept 28, 99

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.



Crestar Mfg LLC

Exact Name of Limited Liability Company

By Cathy Buchanan
Partner

Title

FOR SECRETARY OF STATE USE ONLY
File Date: 10-1-99
Check No.: 502
By: AMF

Form No. 632
Revised 01/99