

STATE OF RHODE ISLAND AND PROVIDENCE PLANIATIONS 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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ____

Filing Period: Septen (FORM MUST BE TYPED		• Filing Fee: \$50.	00			
I. ID No.	2. Exact name of the limited liability company					
111734	ASTRO OF NEW ENG	SLAND, LLC				
3 State of Formation	4. Brief descripti	on of the character of the bus	iness ubich is actually conducted in	Rbode Island		
RHODE ISLAND	MOVING AN	D STORAGE BUSINESS	5			
5. Principal office address 25 ZNOWS	TRIAL DRIV	R	EXETER	State RI	03832	
6. MAILING ADDRE	SS OF LIMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONT.	ACT PERSON:		
Cyptact Name,	A. SAMENO	als TR	Contact Title	ENT		
35 INOW	TRIM DR	IVE	EXETEN	State	02822	
	FILL IN SE	ACES BEFORE USING	D LIABILITY COMPANY, IF A ATTACHMENTS ("X" BO.RES FILING OF AMENDMEN		7-16-52	
Manager Name			Manager Name	Manager Name		
Street Address			Sircet Address			
City	State	Zip	City	State	Zip	
Manager Name	•••••••	•••••••••••••••••••••••••••••••••••••••	Manager Name	Manager Name		
Street Address			Street Address			
City:	State	Zip	City	State	Zφ	
8. RESIDENT AGENT	I IN RHODE IȘLAND	DO NOT ALTER - Ch	nanges require filing of Fo	rm 642 - R.I.G.L. 7-16-11		
CHARLES LAMENDOL	_A, JR.	•				
Address			City	City Zip		
25 INDUSTRIAL DRIVE			EXETER	EXETER 02822-		

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,
File Date 9/24/05711734° Check Na. 442/	Contained herein are true and correct Milli a Mulli 8/59/65
FOR SECRETARY OF STATE USE ONLY	Signature of Authorized Person Dates (14M/es A. SMENNIST TR. 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

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111734	ASTRO OF NEW ENG				_	
3. State of Formation	4. Brief descriptio	n of the character of the business (which is actually conducted in Rhod	e Island		
RHODE ISLAND	MOVING ANI	STORAGE BUSINESS				
5. Principal office address 25 Inc	dustrial	Dr.	Exeter	State R	1 219	02822
6. MAILING ADDRE	SS OF LIMITED LIABI	LITY COMPANY AND NAM	IE OR TITLE OF CONTACT	PERSON:		
Contact Name Cha	rles A. Lo	merobla fr.	Contact Tule	_		
Street Address	·		City	State	Zip	
50	me.			1		
7. NAME AND ADDI		GER OF THE LIMITED LIA ACES BEFORE USING ATT	BILITY COMPANY, IF APPI	LICABLE OR ATTACHMENT	л П	
AN'	Y MODIFICATIONS TO	MANAGERS REQUIRES I	FILING OF AMENDMENT, R			
Manager Name			Manager Name			
Sirret Address			Street Address			
City	State	Zip	Clly	State	ZIP	
Manager Name	·····		Manager Name	Manager Name		
Sirect Address	<u> </u>		Sinvi Addriss			
City	State	ZΨ	City	State	Zip	
8. RESIDENT AGEN Agent Name	T IN RHODE ISLAND	DO NOT ALTER - Chang	es require filing of Form	642 - R.I.G.L. 7-1	6-11	
CHARLES LAMENDO	LA, JR.					
Address			City	-	Zíp	
25 INDUSTRIAL DRIV	Ε		EXETER		02822-	
						

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

	* 1 1 1 7 3 4 *	
File Date	9/10/04	
Check No	3674	
R	04-	

FOR SECRETARY OF STATE USE ONLY

Und	er penalty	of perju	iry, I decl <mark>are</mark> a	nd affirm tha	t I have ex	amined this rep	por
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confi	alned here	in are u	rue grid corregi	₹.		_	
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	111111		11/11/	VINUU (149	<u> </u>	

CHARLES A LAMENDULA, JR

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 _

2003

Filing Period: Septem FORM MUST BE TYPED ((• Filing Fee: \$50	.00			
1. ID No.	2. Exact name of the limited	l liability company			-	
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			stness which is actually conducted in i	Rbode Island		
3 State of Formation	ч. ипеј искерно	a cy ane character cy ine on	annual transport of transferring annual to the			
RHODE ISLAND	MOVING AND	STORAGE BUSINES			216	
5. Principal office address			City	State DT	· /\2\Q 77	
25 Ind	ustrial DI	•	Exeter	VT	Core	
6. MAILING ADDRE	SS OF LIMITED LIABI	LITY COMPANY AND	NAME OR TITLE OF CONTA	ACT PERSON:		
Contact Name 1	i	1 1	Contact Title			
Charle	es Lamen Same	dula VIR	City Same	\mathcal{L}		
Street Address	<u> </u>	<u> </u>	City	State	Z(p	
3.77(7.71111112.0	Same		same	-	1 '	
	-	COR OF THE !!!!	TABILITY COMPANY 15 A	I APPLICARLE	•	
7. NAME AND ADDI	RESS OF EACH MANAG	GER OF THE LIMITE	D LIABILITY COMPANY, IF A G ATTACHMENTS ("X" BO)	C FOR ATTACHMENT) [٦	
á %1°	FILL IN SP. V MODIFICATIONS TO	ACES BEFURE USING MANAGERS RECITI	RES FILING OF AMENDMEN	T, R.I.G.L. 7-16-12 (a)		
	1 MODIFICATIONS IC	, pinianorius irrigoi	:	LING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52		
Manager Name .			Manager Name			
Sinvi Address			Street Address			
City	State	Zip	: City	State	Zip	
, 			•		!	
				Manager Name		
Man age r Name			· ·			
Street & Ident			Street Address	Street Address		
Street Address			* *************************************			
		7:0	City	State	Zip	
City	State	Zip	Cup	31	14	
		DO NOT ALTER (hanne enquier filing of Fo	l .em.642 . R 1 G 1 - 7.16.	.11	
	IT IN RHODE ISLAND	· DO MOLALIER · C	Changes require filing of Fo	THE OTH - ICIIO, IC. 7.10.		
Agent Name			Mantes			
CHARLES LAMENDO	LA, JR.	<u> </u>				
Address			City			
25 INDUSTRIAL DRIVI	E		EXETER	j	02822-	

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

* 1 1 7 3 4	Under penalty of perjury, I do including any accompanying
File Dule 9-5-03 Check No. 2758	Contained herein are true and
FOR SECRETARY OF STATE USE ONLY	Signature of Authorized Person Chav les A Print or Type Name of Author.

eclare and affign that I have examined this report. schedule and statements, and that all statements.



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 <u>2002</u>

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company I. ID No. ASTRO OF NEW ENGLAND, LLC 111734 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation **MOVING AND STORAGE BUSINESS RHODE ISLAND** 12927 State 5. Principal office address E. Greenwich Industra 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name President Charles Lamendola 0282 E. Grænwich State Street Address 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ... ("X" BOX FOR ATTACHMENT[] 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 Zip State City Zip City State Manager Name Manager Name ·Sireei Address Street Address City State City 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.i.G.L. 7-16-11 Address igent Name MICHAEL A. ST. PIERRE, ESQ. Zip City Address WARWICK 02886-946 CENTERVILLE ROAD

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



File Date	125.02
 Check No.	4160
By:	21
FOR SECRE	TARY OF STATE USE ONLY

Under penalty of perjury, I declare and a this report, including any accompanying and that all statements contained herein a	schedules and statements,
Mula I Mun	III & 9/23/22
Signature of Authorized Person	Dale
Charles Lamendola	
Print or Type Name of Authorized Person	

To be filed annually between September 1 and November 1

- D- :



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 111734	Annual Report for the year 2001			
1.	The name of the limited liability comp	any is:			
	ASTRO OF NEW ENGLAND, LLC				
2.	The address of the principal office of the limited liability company is: 765 Victory Highway, West Greenwich, RI 02817				
3.	The state or other jurisdiction under the	he laws of which it is formed is RHODE ISLAND			
4.	The name and address of its resident	agent is: MICHAEL A. ST. PIERRE, ESQ.			
	946 CENTERVILLE ROAD WARWIG	CK RI 02886-			
5.	_	nited liability company and the name or title of a person to whom communications			
	may be directed are: Charles I 765 Victory Highway, West				
6.7.	state: moving and storage	of the business in which the limited liability company is actually engaged in this business anagers, the name and address of each manager of the limited liability company Address			
Da	5/13/02	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and			
		ASTRO OF NEW ENGLAND, LLC Exact Name of Limited Liability Company			
File	FOR SECRETARY OF STATE USE ONLY Date: 5-13-62	By Chlittles & Mildel			
	eck No.: 1484	President Title			
Ву:		Form No. 632 Revised 01/99			