



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. 111734		2. Exact name of the limited liability company ASTRO OF NEW ENGLAND, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MOVING AND STORAGE BUSINESS			
5. Principal office address 25 INDUSTRIAL DRIVE		City EXETER		State RI	Zip 02822
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CHARLES A. LAMENDOLA JR			Contact Title PRESIDENT		
Street Address 25 INDUSTRIAL DRIVE		City EXETER		State RI	Zip 02822
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	Zip	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 CHARLES LAMENDOLA, JR.			Address		
Address 25 INDUSTRIAL DRIVE			City EXETER		Zip 02822

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



File Date	9/26/05	111734
Check No.	4621	
By:		
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.

8/29/05
Signature of Authorized Person Date

Charles A. Lamendola Jr.
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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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)

1. ID No 111734		2. Exact name of the limited liability company ASTRO OF NEW ENGLAND, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MOVING AND STORAGE BUSINESS			
5. Principal office address 25 Industrial Dr.		City Exeter	State RI	Zip 02822	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Charles A. Lamendola, Jr.		Contact Title Owner			
Street Address Same		City	State	Zip	
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	Zip	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 CHARLES LAMENDOLA, JR.		Address			
Address 25 INDUSTRIAL DRIVE		City EXETER	Zip 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
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
CHARLES A. LAMENDOLA, 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: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 111734	2. Exact name of the limited liability company ASTRO OF NEW ENGLAND, LLC				
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island MOVING AND STORAGE BUSINESS				
5. Principal office address 25 Industrial Dr		City Exeter	State RI	Zip 02822	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Charles Lamendola, JR		Contact Title owner			
Street Address same		City same	State RI	Zip 02822	
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	Zip	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 CHARLES LAMENDOLA, JR.		Address			
Address 25 INDUSTRIAL DRIVE		City EXETER	Zip 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	9-5-03
Check No.	2758
By:	2
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: Charles A. Lamendola, JR. Date: 9/2/03

Print or Type Name of Authorized Person: Charles A. Lamendola, JR.



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. 111734		2. Exact name of the limited liability company ASTRO OF NEW ENGLAND, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MOVING AND STORAGE BUSINESS	
5. Principal office address 25 Industrial Dr		City E. Greenwich	State RI
		Zip 02822	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Charles Lamendola		Contact Title President	
Street Address 25 Industrial Dr		City E. Greenwich	State RI
		Zip 02822	
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	
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 MICHAEL A. ST. PIERRE, ESQ.		Address	
Address 946 CENTERVILLE ROAD		City WARWICK	Zip 02886

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



* 1 1 1 7 3 4 *

File Date	12-5-02
Check No.	4160
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] 9/23/02
Signature of Authorized Person Date

Charles Lamendola

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 111734

Annual Report for the year 2001

1. The name of the limited liability company 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 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 WARWICK RI 02886-

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: Charles Lamendola

765 Victory Highway, West Greenwich, RI 02817

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

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

Name	Address

Dated 5/13/02



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.

ASTRO OF NEW ENGLAND, LLC

Exact Name of Limited Liability Company

By Charles A. Lamendola

President

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 5-13-02

Check No.: 1484

By: RMF

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 obtained by contacting this office at 401-222-3040, or from our web site at www.state.n.us