



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. 135334		2. Exact name of the limited liability company IMPRESARIO PARTNERS, 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 CONSULTING BUSINESS DEVELOPMENT / MARKETING REPRESENTATIVE	
5. Principal office address 150 PEMBROKE AVE.		City PROVIDENCE	State R.I.
		Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT A. MANCINI		Contact Title PRINCIPAL / OWNER / SOLE	
Street Address 150 PEMBROKE AVE.		City PROVIDENCE	State R.I.
		Zip 02908	
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 ROBERT A. MANCINI		Address	
Address 150 PEMBROKE AVENUE		City PROVIDENCE	Zip 02908-

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



File Date	9/22/05	*135334*
Check No.	792	
By:	A	
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 9/14/05
ROBERT A. MANCINI
Print or Type Name of Authorized Person



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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT A. MANCINI		Contact Title OWNER	
Street Address 150 PEMBROKE AVE.		City PROVIDENCE	State RI
		Zip 02908	
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* 1 3 5 3 3 4 *

File Date	9/29/04
Check No.	592
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

ROBERT A. MANCINI
Print or Type Name of Authorized Person