

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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

• Filing Fee: \$50.00 Filing Period: September 1 - November 1 (FORM MUST BE TYPED OR PRINTED IN BIACK) 2. Exact name of the limited liability company IMPRESARIO PARTNERS, I.I.C. 135334 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation CONSULTING BUSINESS DEVELOPMENT / MARKETING REPRESENTATIVE **RHODE ISLAND** 5. Principal office addpt 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title 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) $\overline{(2)}$ / 7-16-52 Manager Name Manager Name Sircet Address Sirect Address Ζip State State Zip City City Hanager Name Manager Name Street Address Street Address State ZipZ.ip City State 8. RESIDENT AGENT IN RHODE ISLAND . DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Agent Name **ROBERT A. MANCINI** Zip Address **PROVIDENCE** 02908-150 PEMBROKE AVENUE

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

	Under penalty of perjucy, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements		
File Date 9/22/05 *135334*	contained herein are true and correct.		
By: FOR SECRETARY OF STATE USE ONLY	Signature of Authorized Person Date NANCINI 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 _ Filing Period: September 1 - November 1 • Filing Fee: \$50.00

2004

(FORM MUST BE TYPED	OR PRINTED IN BIACK)						
1. ID No 135334	2. Exact name of the limited liability company IMPRESARIO PARTNERS, I.I.c.						
3. State of Formation	1 Внеуждастри	ion of the character of the b	usiness which is actually conducted in	Rhode Island			
RHODE ISLAND	CONS	uthing Ays	INSS DEVILOPS	ward MAILES	in REpresentation		
5. Principal office address 150 PENBAKE AVE.			PROVINGN	ce State	²⁴⁰ 2908		
			D NAME OR TITLE OF CONT	•	•		
Gintact Name () A. M. W.C.INI			Contact Title	Contact Title OWNER			
Sirver Address 50 PEMBROKE AVC.			PLOUIDA	siaic AI	2908		
7. NAME AND ADDE	RESS OF EACH MANA	GER OF THE LIMIT	ED LIABILITY COMPANY, IF	APPLICABLE			
			G ATTACHMENTS ("X" BO				
AN	Y MODIFICATIONS T	O MANAGERS REQU	IRES FILING OF AMENDMEN	łT, 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				
Sireci Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT Agent Name ROBERT A. MANCINI		. DO NOT ALTER - (Changes require filing of Fo	orm 642 - R.I.G.t., 7-16-1	11		
Address 150 PEMBROKE AVE	NUE		PROVIDENCE				
			······································				

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

	* 1 3 5 3 3 4	 **
File Dare	9/29/04	
Check No	592	
Ву:	04	
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements
contained torcin are true and correct.
Volun 9/23/04
Signature of Authorized Person Dan
1/08-Rt A. MANKINI
Print or Type Name of Authorized Person