



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 02903-1311
 401.222.3000

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. 110636		2. Exact name of the limited liability company Hope Matters, LLC		
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSULTING		
5. Principal office address 3F SHADOW BROOK LANE		City	State	Zip
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name CATHERINE L. PASTILLE		Contact Title		
Street Address 3F SHADOW BROOK LANE		City SMITHFIELD	State RI	Zip 02917
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
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name CATHERINE L. PASTILLE		Address		
Address 3F SHADOW BROOK LANE		City SMITHFIELD	Zip 02917	

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



File Date	9/9/05	*110636*
Check No.	254	
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.

Catherine L. Pastille 9/6/05
 Signature of Authorized Person Date
 CATHERINE L. PASTILLE
 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 02903-1331
 401.222.3000

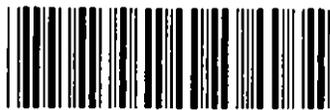
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 110636		2. Exact name of the limited liability company Hope Matters, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSULTING			
5. Principal office address 3F SHADOW BROOK LANE		City SMITHFIELD	State RI	Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CATHERINE L. PASTILLE			Contact Title PRESIDENT		
Street Address 3F SHADOW BROOK LANE		City SMITHFIELD	State RI	Zip 02917	
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 CATHERINE L. PASTILLE			Address		
Address 3F SHADOW BROOK LANE		City SMITHFIELD	Zip 02917		

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



* 1 1 0 6 3 6 *

FILED

File Date SEP 21 2004
 Check No. By NA
 By: EX 985
 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.

Catherine L. Pastille 9-18-04
 Signature of Authorized Person Date

CATHERINE L. PASTILLE
 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 02903-1537
 401.222.3000

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 110636		2 Exact name of the limited liability company Pastille Concepts & Design, LLC			
3 State of formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island CONSULTING			
5 Principal office address 3F Shadow Brook Lane			City Smithfield	State RI	Zip 02917
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Catherine L. Pastille			Contact Title President		
Street Address 3F Shadow Brook Lane			City Smithfield	State RI	Zip 02917
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 CATHERINE L. PASTILLE			Address		
Address 3F SHADOW BROOK LANE			City SMITHFIELD	Zip 02917-	

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



* 1 1 0 6 3 6 *

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

File Date 9-9-03
 Check No 233
 By [Signature]
 FOR SECRETARY OF STATE USE ONLY

Catherine L. Pastille September 8, 2003
 Signature of Authorized Person Date

CATHERINE L. PASTILLE
 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. 110636		2. Exact name of the limited liability company Pastille Concepts & Design, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSULTING	
5. Principal office address 3F Shadow Brook Lane		City Smithfield	State RI
		Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Catherine L. Pastille		Contact Title Member	
Street Address P.O. Box 17142		City Smithfield	State RI
		Zip 02917	
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 CATHERINE L. PASTILLE		Address	
Address 3F SHADOW BROOK LANE		City SMITHFIELD	Zip 02917-

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



* 1 1 0 6 3 6 *

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.

File Date 9-10-02
Check No. 103
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Catherine L. Pastille 9-8-02
Signature of Authorized Person Date
CATHERINE L. PASTILLE
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 110636

Annual Report for the year 2001

1. The name of the limited liability company is:

Pastille Concepts & Design, LLC

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

3F SHADOW BROOK LANE, SMITHFIELD RI 02917

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: CATHERINE L. PASTILLE

3F SHADOW BROOK LANE SMITHFIELD RI 02917-

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: Catherine L. Pastille, 3F Shadow Brook Lane, Smithfield RI

02917

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

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

Name

Address

Dated October 31, 2001

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 1 0 6 3 6

Pastille Concepts + Design, LLC
Exact Name of Limited Liability Company

By Catherine L. Pastille

Manager
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>11-1-01</u>
Check No.:	<u>203</u>
By:	<u>[Signature]</u>

Form No. 632
Revised 01/99