



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. 130736		2. Exact name of the limited liability company Christian Expressions, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RETAIL SALE OF RELIGIOUS ITEMS			
5. Principal office address 128 Peerless Street		City Cranston	State RI	Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Janice Lennon			Contact Title Manager		
Street Address 128 Peerless Street		City Cranston	State RI	Zip 02910	
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 Janice Lennon			Manager Name None		
Street Address 128 Peerless Street			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Manager Name None			Manager Name None		
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 MARTIN P. SLEPKOW, ESQ.			Address		
Address 1481 WAMPANOAG TRAIL			City EAST PROVIDENCE	Zip 02915-	

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



130736

File Date 11/14/05
Check No. 5370
By: [Signature]
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.

Janice Lennon 11-11-05
Signature of Authorized Person Date

Janice Lennon, Manager

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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1. ID No 130736		2. Exact name of the limited liability company Christian Expressions, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Retail sale of religious items	
5. Principal office address 128 Peerless Street		City Cranston	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Janice Lennon		Contact Title Manager	
Street Address 128 Peerless Street		City Cranston	State RI
		Zip 02910	
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 Janice Lennon		Manager Name	
Street Address 128 Peerless Street		Street Address	
City Cranston	State RI	City	State
	Zip 02910		Zip
Manager Name None		Manager Name None	
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 Martin P. Slepko		Address	
Address 1481 Wampanoag Trail		City East Providence	Zip 02915

This report must be signed in ink by an authorized person pursuant to 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 contained herein are true and correct.

File Date 2/14/05
Check No. 1980
By: DA
FOR SECRETARY OF STATE USE ONLY

Janice Lennon Manager 2-2-05
Signature of Authorized Person Date
Janice Lennon, Manager
Print or Type Name of Authorized Person