



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 02903-13
401.222.36

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. 132085		2. Exact name of the limited liability company Acme Holding LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENTS: REAL ESTATE	
5. Principal office address T.B.D.		City	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: WILLIAM LEATHERMAN Contact Title: General Partner			
Street Address 140 BRENTON ROAD		City Newport	Zip 02840
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 W. LEATHERMAN		Manager Name	
Street Address 140 BRENTON RD		Street Address	
City Newport	State RI	City	State
Zip 02840		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 W.L. LEATHERMAN		Address	
Address 140 BRENTON ROAD		City NEWPORT	Zip 02840

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



File Date	FILED	*132085*
Check No.	OCT 31 2005	
By:	By [Signature]	40903
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] **10/31/05**
Signature of Authorized Person Date
W. LEATHERMAN
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 02903-1131
401.222.3100

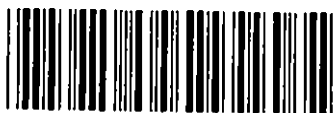
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 132085		2. Exact name of the limited liability company Acme Holding LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Investments: Real Estate and Other	
5. Principal office address T.B.D.		City	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name W. LEATHERMAN		Contact Title MANAGER	Zip 02114
Street Address 140 BRENTON RD		City Newport	State RI
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		Zip 02840	
Manager Name W. LEATHERMAN		Manager Name	
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City Newport	State RI	City	State
Zip 02840	Zip	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip	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	
Agent Name W.L. LEATHERMAN		Address	
Address 140 BRENTON ROAD		City NEWPORT	Zip 02840

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



* 1 3 2 0 8 5 *

File Date	12/15/04
Check No.	6200
By:	W.
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
W. LEATHERMAN
Date
10/25/04
Print or Type Name of Authorized Person