



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. 123638		2. Exact name of the limited liability company a2z Renovations, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUILDING AND REPAIR OF RESIDENTIAL AND COMMERCIAL BUILDINGS	
5. Principal office address 25 Narragansett Blvd.		City Portsmouth	State RI
		Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Colleen M. Bonvegna		Contact Title Business Manager	
Street Address 25 Narragansett Blvd.		City Portsmouth	State RI
		Zip 02871	
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 Colleen M. Bonvegna		Manager Name	
Street Address 25 Narragansett Blvd.		Street Address	
City Portsmouth	State RI	City	Zip
			02871
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	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 RICHARD BONVEGNA		Address	
Address 25 NARRAGANSETT BOULEVARD		City PORTSMOUTH	Zip 02871-

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



File Date 10/6/05 *123638*

Check No. 732852007

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.

Colleen M. Bonvegna 10-5-05
Signature of Authorized Person Date

Colleen M. Bonvegna
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 123638		2. Exact name of the limited liability company a2z Company, LLC		New Name: a2z Renovations LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island HOME RENOVATIONS SERVICES			
5. Principal office address 25 NARRAGANSETT BLVD		City PORTSMOUTH	State RI	Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name RICHARD BONVEGNA			Contact Title OWNER		
Street Address SAME AS ABOVE		City	State	Zip	
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 COLLEEN BONVEGNA			Manager Name		
Street Address SAME AS ABOVE		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 Richard Bonvegna			Address		
Address 25 Narragansett Blvd		City Portsmouth	Zip 02881		

05 JUL 25 PM 1:15
 05 JUL 11 PM 12:32
 STATE
 CORPORATIONS DIV

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

FILED

JUL 25 2005

By [Signature]
2708

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] 6-02-05
 Signature of Authorized Person Date
RICHARD BONVEGNA
 Print or Type Name of Authorized Person

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY



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. 123638		2. Exact name of the limited liability company a2z Company, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Building and Repair of Residential + Commercial Bldgs.			
5. Principal office address 25 Narragansett Blvd.		City Portsmouth	State RI	Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Richard Bonvegna			Contact Title Manager		
Street Address 25 Narragansett Blvd.		City Portsmouth	State RI	Zip 02871	
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 Richard Bonvegna			Manager Name		
Street Address 25 Narragansett Blvd			Street Address		
City Portsmouth	State RI	Zip 02871	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 RICHARD BONVEGNA			Address		
Address 25 NARRAGANSETT ROAD			City PORTSMOUTH	Zip 02871-	

~~* Please see attached change of address form. Cmb, 4/2/04~~
~~* 50.00 filing fee forwarded under separate cover via electronic payment of 10-8-03. Cmb, 4/1/04~~

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



* 1 2 3 6 3 8 *

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 **RECEIVED**
 Check No. **APR 15 2004**
 BY **VID 8x2153**
 FOR SECRETARY OF STATE USE ONLY

[Signature]
 Signature of Authorized Person
RICHARD BONVEGNA
 Print or Type Name of Authorized Person