



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

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

1. ID No 143339		2. Exact name of the limited liability company doccountryboy sales, llc	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SALES, MARKETING and ANY LAWFUL ACT.	
5. Principal office address 895 Putnam Pike		City Glocester	State RI
		Zip 02814	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name George A. Resnevic		Contact Title Member	
Street Address 895 Putnam Pike		City Glocester	State RI
		Zip 02814	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> 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 George A. Resnevic		Manager Name	
Street Address 895 Putnam Pike		Street Address	
City Glocester	State RI	City	State
Zip 02814		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 Jonathan F. Oster, Esq.		Address	
Address Suite C 203, 1525 Old Louisquisset Pike		City Lincoln	Zip 02865

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

143339

<b>FILED</b>	
File Date	JUN 22 2006
Check No.	
By:	By [Signature] 102341
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

Date

George A. Resnevic

Print or Type Name of Authorized Person