



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

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. 134141		2. Exact name of the limited liability company SPACE-RAY RHODE ISLAND, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SALES OF ENERGY EQUIPMENT			
5. Principal office address			City	State	Zip
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name W. Gordon Partington			Contact Title Member		
Street Address 110 Rye Street			City Seekonk	State MA	Zip 02771
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 N/A			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 ROGER C. ROSS, ESQ.			Address		
Address ONE PROVIDENCE WASHINGTON PLAZA, 5TH FLOOR			City PROVIDENCE	Zip 02903-	

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



File Date 10/25/05 134141*

Check No. 167

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.

[Signature] 10/21/05
 Signature of Authorized Person Date
 W. Gordon Partington Member
 Print or Type Name of Authorized Person



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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Sales of energy equipment	
5. Principal office address 110 Rye Street		City Seekonk	State MA
		Zip 02771	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name W. Gordon Partington		Contact Title member	
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 3 4 1 4 1 *

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 10/15/04
Check No. 128
By: W.G.
FOR SECRETARY OF STATE USE ONLY

W. Gordon Partington 10/6/04
Signature of Authorized Person Date
W. Gordon Partington, Member
Print or Type Name of Authorized Person