



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. 123244		2. Exact name of the limited liability company Constitution Braided Rug, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO SELL RUGS THROUGH E-COMMERCE	
5. Principal office address 125 THAMES STREET		City BRISTOL	State RI
		Zip 02809-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name RUSSELL KARIAN		Contact Title MANAGER'S PRESIDENT	
Street Address 125 THAMES STREET		City BRISTOL	State RI
		Zip 02809-	
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 ROBIN INDUSTRIES, INC.		Manager Name NONE	
Street Address 125 THAMES STREET		Street Address .	
City BRISTOL	State RI	Zip 02809	City .
State .	Zip .	City .	State .
Manager Name NONE	Manager Name NONE		
Street Address .		Street Address .	
City .	State .	Zip .	City .
State .	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 E. HANS LUNDSTEN, ESQ.		Address ONE CITIZENS PLAZA, 8TH FLOOR	
Address .		City PROVIDENCE	Zip 02903-

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



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123244 DLIC 09/06/05 03:38:20 PM

File Date 10/18/05

Check No. 279

By: AME

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.

Russell Karian 10-14-05
Signature of Authorized Person Date

ROBIN INDUSTRIES, INC., BY RUSSELL KARIAN, PRESIDENT
Print or Type Name of Authorized Person



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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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Street Address 125 THAMES STREET		Street Address .	
City BRISTOL	State RI	Zip 02809	City .
Manager Name NONE		Manager Name NONE	
Street Address .		Street Address .	
City .	State .	Zip .	City .
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name E. HANS LUNDSTEN, ESQ.		Address 2300 FINANCIAL PLAZA	
Address .		City PROVIDENCE	Zip 02903-

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



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123244 DLLC 09/07/04 02:05:21 PM

File Date 10-25-04

Check No. 10879

By: AMF

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.

Russell Karian 10-19-04
Signature of Authorized Person Date

ROBIN INDUSTRIES, INC., BY RUSSELL KARIAN, PRESIDENT
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

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)

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City BRISTOL	State RI	Zip 02809	• City •
Manager Name NONE		• Manager Name • NONE	
Street Address		• Street Address •	
City	State	Zip	• City •
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name E. HANS LUNDSTEN, ESQ.		Address 2300 FINANCIAL PLAZA	
Address		City PROVIDENCE	Zip 02903-

FILED

NOV 9 3 2003
By CME
C 10758



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

123244 DLLC 09/11/03 09:13:42 AM

File Date

Check No.

By:

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.

Russell Karian 10-11-2003 Pres.
Signature of Authorized Person Date

ROBIN INDUSTRIES, INC., BY RUSSELL KARIAN, PRESIDENT
Print or Type Name of Authorized Person