

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2005

1. ID No.	2. Exact name of the	OR PRINTED IN BLACK) 2. Exact name of the limited liability company							
133744	Lanthier & Com	Lanthier & Company, LLC							
3. State of Formation	on 4. Brief de	4. Brief description of the character of the histness which is actually conducted in Rhode Island							
RHODE ISLAN	ND IS	ALESTATE And	Business Investment						
5. Principal office a			City	State	Zip				
PO B0	x 6123		WAKWICIC	SI	02887				
6. MAILING AD	DORESS OF LIMITED	JABILITY COMPANY A	ND NAME OR TITLE OF CONTACT	PERSON:	•				
Contact Name			Contact Title						
DEN	INIS MART	IN	Presiden	7					
Sinvet Address	_		Clly	State	Zip				
70 i	Box 6123		WAIZWICK	RI	01887				
Vanager Name	ANY MODIFICATIO	NS TO MANAGERS REQ	UIRES FILING OF AMENDMENT, R	.I.G.L 7-16-12 (a) (2) /	7-16-52				
	ANY MODIFICATIO	NS TO MANAGERS REQ	Манадет Name	.I.G.L. 7-16-12 (a) (2) /	7-16-52				
Manager Name Street Address	ANY MODIFICATIO	NS TO MANAGERS REQ	:	.I.G.L. 7-16-12 (a) (2) /	7-16-52				
Street Address	ANY MODIFICATIO	NS TO MANAGERS REQ	Манадет Name	J.G.L. 7-16-12 (a) (2) /	7-16-52				
Sircei Address City			Manager Name Street Address		· · · · · · · · · · · · · · · · · · ·				
Street Address City Manuger Name			Manager Name Street Address City		· · · · · · · · · · · · · · · · · · ·				
Street Address City Manager Name Street Address			Manager Name Street Address City Manager Name		· · · · · · · · · · · · · · · · · · ·				
City Manager Name Street Address City	State State	7.φ 2.φ	Manager Name Street Address City Manager Name Street Address City	State State	Zip				
Street Address City Manager Name Street Address City 8. RESIDENT Ad	State State	7.φ 2.φ	Manager Name Street Address City Manager Name Street Address	State State	Zip				
Street Address City Manager Name Street Address City 8. RESIDENT Address	State State State	7.φ 2.φ	Street Address City Manager Name Street Address City City Changes require filing of Form (State State	Zip				
Street Address City Manager Name Street Address City 8. RESIDENT Address	State State State	7.φ 2.φ	Street Address City Manager Name Street Address City City Changes require filing of Form (State State	Zip				

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

File Date 8 30 0	5 '133744'			
Check No. 163				
By:				
FOR SECRETARY OF S	TATE 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.

Demis Morten	8/29/2005	
Signature of Authorized Person	Date	

Print or Type Name of Authorized Person



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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

(FORM MUST BE TYPED OR PRINTED IN BIACK)

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

1. 112 180.	2. Exact name of the amuca	• • •					
3. State of Formation	Lanthier & Company, 1	of the chameter of the h	nisiness which is actually conducted in Rhod	le Island			
J. Jaan og i Virmanon	I.	_	·				
RHODE ISLAND	Any LA	WFUL Busine	ess Enterprise				
5. Principal office address			City	State	Zip		
P.O. BOX 6123			WARWICK	RI	02887		
6. MAILING ADDRES	S OF LIMITED LIABIL	ITY COMPANY AN	D NAME OR TITLE OF CONTACT	PERSON:	.		
Contact Name			Contact Title				
DENNIS H	MITIA		President				
Street Address	_		City	State	Zip		
204 Cowese	π Rd		WARWICK	RI	02886		
ANI	FILL IN SPA	CES BEFORE USIN	ED LIABILITY COMPANY, IF APPI IG ATTACHMENTS ("X" BOX FO IIRES FILING OF AMENDMENT, R	OR ATTACHMENT) 🔲	/ 7-16-52		
Manager Name N /19			· · · · · · · · · · · · · · · · · · ·	Manager Name N/A			
Sireet Address			Street Address	·			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Sireei Address			Street Address				
City	State	Zip	City	State	Zíp		
8. RESIDENT AGENT	IN RHODE ISLAND	DO NOT ALTER	Changes require filing of Form	642 - R.I.G.L. 7-16-11	e i e e e e e e e e e e e e e e e e e e		
DENNIS MARTIN Address		<u></u>	Clly	Zip	 · - · - · - · · ·		
7007735			'				
204 COWESETT ROAL	<u> </u>	.	WARWICK	WARWICK 02886-			
	This report mi	ust be signed in inl	k by an authorized person pursuant	to R.I.G.L. 7-16-66.			
File Date Check No.	* 1 3 3 7 4 3/04		including any accordined herein and	npanying schedules and st	that I have examined this reportatements, and that all statements		
) p		Signature of Authoriz	ed Verson	Date '		
By:		— I	DENNIS	MARTIN			
FOR SECRETAL		- 1		of Authorized Person			