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. | 2. Exact name of the limited liability company |
|---|---|
| 110948 | NEW GRAIN WOOD FLOORS, LLC. |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| RHODE ISLAND | INSTALLATION AND REFINISHING OF HARDWOOD FLOORS |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 50 BARNETT LANE | WEST GREENWICH | RI | 02817- |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title |
|---|---|
| ROBERT P BURIAN | |

| Street Address | City | State | Zip |
|---|---|---|---|
| PO BOX 5264 | WAKEFIELD | RI | 02883- |

**7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE**

FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐

**ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52**

| Manager Name | 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 | Address |
|---|---|
| JUSTIN S. HOLDEN, ESQ. | 170 WESTMINSTER STREET, SUITE 301 |
| Address | City / Zip |
| | PROVIDENCE 02903- |

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

☐ 110948 ☐

*110948 DLLC 10/06/05 10:51:11 AM*

*File Date* SEP 01 2005

*Check No*

By

*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.

*Signature of Authorized Person* *Date* 7/18/06

Robert P. Burian

*Print or Type Name of Authorized Person*

Form 632 Rev. 6/02

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 2004

*Filing Period: September 1 - November 1 ● Filing Fee: $50.00*

*(FORM MUST BE TYPED OR PRINTED IN BLACK)*

| 1. ID No. | 2. Exact name of the limited liability company |
|---|---|
| 110948 | NEW GRAIN WOOD FLOORS, LLC. |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| RHODE ISLAND | INSTALLATION AND REFINISHING OF HARDWOOD FLOORS |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 50 Barnett Lane | West Greenwich | RI | 02817 |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title |
|---|---|
| ROBERT P BURIAN | |

| Street Address | City | State | Zip |
|---|---|---|---|
| PO BOX 5264 | WAKEFIELD | RI | 02879 |

**7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE**
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

| Manager Name | Manager Name |
|---|---|
| ROBERT P BURIAN | CHRISTOPHER G HORAN |
| Street Address | Street Address |
| P.O. Box 3628 | 9 Mowery Rd |
| City / State / Zip | City / State / Zip |
| PEACE Dale / RI / 02883 | Westerly / RI / 02891 |
| 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 | Address |
|---|---|
| JUSTIN S. HOLDEN, ESQ. | 170 WESTMINSTER STREET, SUITE 301 |
| Address | City / Zip |
| | PROVIDENCE 02903- |

**FILED**

NOV 09 2004

By C49511

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

KML

[redacted] 110948 [redacted]

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*

ROBERT P BURIAN

*Print or Type Name of Authorized Person*

*"110948 DLLC 11/09/04 10:58:29 AM"*

*File Date*

*Check No*

*By:*

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 632 Rev. 6/02

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)*

| 1. ID No. | 2. Exact name of the limited liabilty company |
|---|---|
| 110948 | NEW GRAIN WOOD FLOORS, LLC. |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| RHODE ISLAND | INSTALLATION AND REFINISHING OF HARDWOOD FLOORS |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| ~~32 CENTERVILLE DR.~~ 50 Barrett Ln | ~~NARRAGANSETT~~ West Greenwich | RI | ~~02882~~ 02817 |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title |
|---|---|
| ROBERT P. BURIAN | MEMBER |

| Street Address | City | State | Zip |
|---|---|---|---|
| P.O. BOX 5264 | WAKEFIELD | RI | ~~02883~~ 02879 |

**7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE**
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

| Manager Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Christopher HORAN | 9 Mowery Rd | Westerly | RI | 02891 |
| Manager Name | Street Address | City | State | Zip |
| | | | | |
| Manager Name | Street Address | 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 | Address | City | Zip |
|---|---|---|---|
| JUSTIN S. HOLDEN, ESQ. | 170 WESTMINSTER STREET, SUITE 301 | PROVIDENCE | 02903 |

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

[redacted] 110948 [redacted]

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.

[redacted] 11/1/03
*Signature of Authorized Person* *Date*

[redacted] ROBERT P. BURIAN
*Print or Type Name of Authorized Person*

*110948 DLLC 09/08/03 10:47:01 AM*
*File Date* RECEIVED
*Check No.* DEC 31 2003
*By:* BY
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

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

*Edward S. Inman, III, Secretary of State*
*Corporations Division*
*100 North Main Street, Providence, RI 02903-1335*
*401.222.3040*

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

***Filing Period: September 1 - November 1 ● Filing Fee: $50.00***

***(FORM MUST BE TYPED OR PRINTED IN BLACK)***

| 1. ID No. | 2. Exact name of the limited liability company |
|---|---|
| *110948* | NEW GRAIN WOOD FLOORS, LLC. |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| RHODE ISLAND | INSTALLATION AND REFINISHING OF HARDWOOD FLOORS |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 31 CELLESTIAL DR. | NARRAGANSETT | RI | 02882- |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title |
|---|---|
| Robert P. Burian | Member |

| Street Address | City | State | Zip |
|---|---|---|---|
| PO BOX 5264 | WAKEFIELD | RI | 02883- |

**7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE**
FILL IN SPACES BEFORE USING ATTACHMENTS - ("X" BOX FOR ATTACHMENT) ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

| Manager Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Manager Name | Street Address | 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 | Address | City | Zip |
|---|---|---|---|
| JUSTIN S. HOLDEN, ESQ. | 170 WESTMINSTER STREET, SUITE 301 | PROVIDENCE | 02903- |

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

[redacted] *110948*

*110948 DLLC12/9/022:15:22 PM*
File Date 2-7-03
Check No. 5431
By: LP
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

12/15/02
*Signature of Authorized Person* *Date*

[redacted] ROBERT P BURIAN
*Print or Type Name of Authorized Person*

Form 632 Rev. 6/02

**Filing Fee: $50.00**

**To be filed annually between September 1 and November 1**

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

# LIMITED LIABILITY COMPANY

**ID Number** DLLC 110948 **Annual Report for the year** 2001

1. The name of the limited liability company is:

   NEW GRAIN WOOD FLOORS, LLC.

2. The address of the principal office of the limited liability company is:

   31 Celestial Dr Narragansett RI 02882

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: JUSTIN S. HOLDEN, ESQ.

   170 WESTMINSTER STREET, SUITE 301 PROVIDENCE RI 02903-

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: P.O. Box 5264 WAKEFIELD RI 02883

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Installation & Refinishing of Hardwood Floors

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

| *Name* | *Address* |
|---|---|
| Robert P Burian | P.O. Box 3628 Peace Dale RI 02883 |
| Christopher G Horan | 10 Mowery Rd Westerly RI 02891 |

Dated 10/31/01

1 1 0 9 4 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.

New Grain Wood Floors, LLC.
*Exact Name of Limited Liability Company*

By _____

Partner
*Title*

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: 11-1-01
Check No.: 4947
By:

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of $50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be