

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

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<i>I. ID No.</i> 110948	2. Exact name of the limited liability company NEW GRAIN WOOD FLOORS, LLC.									
3. State of Formation		4. Brief descrip	tion of the character of th	e business which is actually conducted in t	uch is actually conducted in Rhode Island					
RHODE ISLAND INSTALLATION AND REPINISHIN				HING OF HARDWOOD FLOORS	NG OF HARDWOOD PLOORS					
5. Principal office address 50 BARNETT LANE				City WEST GREENWICH	1 '					
6. MAILING AD Contact Name ROBERT P BUR		F LIMITED	LIABILITY COMP.	ANY AND NAME OR TITLE OF Contact Title	CONTACT PER	RSON:				
Street Address		-	-	City	State	Zip				
PO BOX 5264				. WAKEFIELD	RI	02883-				
Manager Name Street Address	ANTSA	ODIFICATIONS	O TO MANAGERS REQ	UIRES FILING OF AMENDMENT. R.L. *Manager Name *Street Address	o.c. 7-10-14 (4) (4) !					
City		State	Zip .	City	State	Zip				
City Manager Name		State	Zip	*City *Manager Name	State	Zip				
	••••	State	Zip		State	Zip				
Manager Name Street Address	• • • • •	State	Zip	Manager Name	State	Zip				
Manager Name Street Address City	ENT IN R	State	Zip	*Manager Name *Street Address	State	Zip				
Manager Name Street Address City 8. RESIDENT AG		State HODE ISLAN	Zip	Manager Name Street Address City Changes require filing of For	State m 642 - R.I.G.L. 7	Zip -16-11				
Manager Name Street Address City 8. RESIDENT AG Agent Name		State HODE ISLAN	Zip	Street Address City Changes require filing of For	State m 642 - R.I.GL. 7 STREET, SUI	Zip -16-11				

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

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File Date_	SEP U 1 2003
Check No_	1507 - ST 15 - 3 - 2
By:	by
	RETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affir	
this report, including any accompanying sch	
and that all statements contained herein are	true and correct.
11/12	
1/2W/1/22-C	7/18/06
Signature of Authorized Person	Date
Robert P. Burian	
Print or Type Name of Authorized Person	



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

Form 632 Rev. 6/02

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fce: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company I. ID No. 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 INSTALLATION AND REPINISHING OF HARDWOOD FLOORS RHODE ISLAND 5. Principal office address Zip West Greenwich RI 02817 50 Barnett Lane 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSONS Contact Title Contact Name ROBERT P BURIAN Street Address State Zip City WAKEFIELD RI 02879 PO BOX 5264 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 103E Street Address Street Address 0 Zip City Manager Nome Manager Nam Street Address ·Sircei Address Zip City State Zip State 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filling of Form 642 - R.I.GL. 7-16-11 Agent Name Address JUSTIN S. HOLDEN, ESQ. 170 WESTMINSTER STREET, SUITE 301 Address City PROVIDENCE 02903-FILED NOV 09 2004 By (495 This report must be signed in ink by an authorized person pursuant to 7-16-66. 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. *110948 DLLC 11/09/04 10:58:29 AM* File Date Check No FOR SECRETARY OF STATE USE ONLY



Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

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Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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5. Principal office addr 31 CELLESTIAL			City NARRAGANSETT	Siale RI	<i>Zip</i> 02882-			
	RESS OF LIMITED	LIABILITY COMP	ANY AND NAME OR TITLE O	F CONTACT PER	SON:			
<i>Contaci Name</i> Robert P. Bur	ed n		Contact Title					
		·	.Member	· .				
ireei Address PO BOX 5264			City WAKEFIELD	State RI	<i>Zip</i> 02883-			
	FILL IN SP	ACES BEFORE USIN	LIMITED LIABILITY COMP. IG ATTACHMENTS : '("X" BOX FO WIRES FILING OF AMENDMENT: R.I	RATTACHMENT) 🗖	1			
lanager Name			• Manager Name •					
Street Address	.		Street Address		·· · · · · · · · · · · · · · · · · · ·			
HICEI MUUITIJ			• arver Address					
City	State	Zip	City	State	Zip			
Manager Name			*Manager Name					
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Street Address			·Sireet Address	• Street Address				
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RESIDENT AGE	NT IN RHODE ISLANI	D-DO NOT ALTER- C	hanges require filing of Fo	rm 642 - R.I.G.L. 7-	16-11 15-15-15-15-15-15-15-15-15-15-15-15-15-1			
gent Name			Address					
gent Name JUSTIN S. HOLD			170 WESTMINSTER	STREET, SUIT	E 301			
gent Name JUSTIN S. HOLD		· · ·		STREET, SUIT				
gent Name JUSTIN S. HOLD		·	170 WESTMINSTER	Zi				
gent Name JUSTIN S. HOLD Iddress	DEN, ESQ.	authorized perso	170 WESTMINSTER	Zi	P			
gent Name JUSTIN S. HOLD Address This report must be	DEN, ESQ.	a authorized person	170 WESTMINSTER City PROVIDENCE n pursuant to 7-16-66. Under penalty of perj	ury, I declare and affi	m that I have examined thedules and statements,			
gent Name JUSTIN S. HOLD Address This report must be	e signed in ink by an	authorized person	170 WESTMINSTER City PROVIDENCE n pursuant to 7-16-66. Under penalty of perjuthis report, including	ury, I declare and affi	m that I have examined thedules and statements,			

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

ın	Number	DΙ	1	_	44	1 N	QZ	18	

Annual Report for the year 2001

1.	The name of the limited liability company is:					
	NEW GRAIN WOOD FLOORS, LLC.					
2.	2. The address of the principal office of the limited	liability company is:				
	31 Cellestian DR Nac	ragansett RT 02882				
3.	3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND					
4.	4. The name and address of its resident agent is: JUSTIN S. HOLDEN, ESQ.					
	170 WESTMINSTER STREET, SUITE 301 PRO	OVIDENCE RI 02903-				
5.	5. The current mailing address of the limited liabilit	y company and the name or title of a person to whom communications				
	may be directed are: 1.0. 13.0 x 5	264 WAKEFIELD BL 02883				
6.	6. A brief statement of the character of the busin	ness in which the limited liability company is actually engaged in this				
	state: Installation + Ref	inishing OF HARDWOOD FLOORS				
7. If the limited liability company has managers, the name and address of each manager of the limited liabil Name Address						
	ROBERT P BURIAN	P.S. Box 3628 PEACE D. R. P. D. 2883				
		10 Mowery RQ Westerly Bt 02891				
		<u> </u>				
Da	rep	ider penalty of perjury, I declare and affirm that I have examined this port, including any accompanying schedules and statements, and at all statements contained herein are true and correct.				
	1 1 0 9 4 8	New GRAN Wood FLOORS, LLC. Exact Name of Limited Liability Company				
Eile	FOR SECRETARY OF STATE USE ONLY File Date: / /- / - / / By	Middle Come				
	-	Panner				
Che	Check No.: 4947 -	Title Form No. 632				
By:	By:	Revised 01/99				