

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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

(FORM MUST BE TYPED		ED IN BLACK)	Timig Fee. \$50,00						
1. ID No 136551		name of the limited liability company R WORKS, LLC							
3. State of Formation RHODE ISLAND 4. Brief description of the character of the business REAL ESTATE DEVELOPMENT AND MAI				which is actually conducted in Rhode Island NAGEMENT					
5. Principal office address				City	State	Zip			
56 Chestnut Hill Avenue				Cranston	RI	02920			
6. MAILING ADDRES	SS OF LI	MITED LIABIL	ITY COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:	, , , , , , , , , , , , , , , , , ,			
Contact Name				Contact Title					
Eric Weiner				Manager					
Street Address				City	State	Zip			
56 Chestnu			•	: Cranston	_ RI	02920			
		FILL IN SPA	CES BEFORE USING AT	ABILITY COMPANY, IF APP TACHMENTS ("X" BOX FC FILING OF AMENDMENT, R	OR ATTACHMENT				
Manager Name				Manager Name	Manager Name				
Eric Weiner				n/a	i n/a				
Sircei Address 56 Chestnut Hill Avenue				Street Address					
ciiy Cranston		State R I	21p 02920	City	State	Zip			
Manager Name			•	Manager Name					
n/an				n/a					
Street Address				Street Address					
City		State	Ζφ	City	State	Zip			
8. RESIDENT AGENT Agent Name ANTHONY R. LEONE, II		DDE ISLAND	DO NOT ALTER - Chang	ges require filing of Form (Address LEONE LAW, LLC		6-11			
Address				City		Ζφ			
1536 CRANSTON STREET				CRANSTON	·	02920-			

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

Supporture of Authorized Person

ERIC WEINER

Print or Type Name of Authorized Person

WEINER WORKS, LLC

Members Consent to Action and Operation of Limited Liability Company

The undersigned, being the sole member of WEINER WORKS, LLC (the "company") hereby waives notice of annual meeting and consent and agrees to the following consented and agreed to Company action on September 30, 2005:

That all the acts of the Managing Member on behalf of the Company during the preceding year are hereby ratified, confirmed, and adopted.

That Eric Weiner is elected to continue serving as managing member of the Company until removal, resignation or death, or until his successor is duly elected and qualified.

Executed on the above set forth date.

Eric Weiner

Managing Member



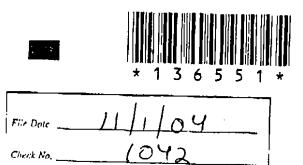
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Corporations Ditasic 100 North Main Stre Providence, RI 02903-13:

(FORM MUST BE TYPED O	ber 1 - November	 Filing Fee: \$50.0 	AL REPORT FOR 1					
1. ID No.	R PRINTED IN BLACK	り						
		t name of the limited liability company						
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J Shine by The manifely	4. Intel descrip	of the character of the busin	tees which is actually conducted in Rhod	le Island				
RHODE ISLAND	Real	Estate Develop	ment and Manageme	ent				
5. Frincipal office address			City	State	200			
441 Prospec	t Street		Pawtucket		Sib			
6. MAILING ADDRES	OF LIMITED LIA	BILITY COMPANY AND N	AME OR TITLE OF CONTACT	RI	1 02860			
			Contact Title	FERSUN:				
Eric Weiner								
Sirrel Address			Manager	State				
441 Prospec	t Street		Pawtucket	1	Sib			
		ACED OF THE INCOME.	I AWOUCKET JABILITY COMPANY, IF APPL	RI	02860			
Eric Weiner			Monages Nome None					
441 Prospect	Street		Sirvet Address					
Pawtucket	ŘŤ	^{z:p} 02860	City	Sinte	Zijs			
		I						
lanager Name			Manager Name		<u>}</u>			
anager Name	_		Manager Name		<u>)</u>			
anager Name None			Manager Name None Street Address					
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Manager Name None Preet Address	state	Zψ	None Street Address Cuy	State	Zip			
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None reet Address RESIDENT AGENT II			None Street Address		"			
Manager Name None Preet Address The RESIDENT AGENT IN			None Street Address City Res require filing of Form 64		"			
MARK A CHARLESON			None Street Address City Res require filing of Form 64		ı "			
Manager Name None Preet Address			None Street Address City Res require filing of Form 64		ı "			

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



FOR SECRETARY OF STATE USE ONLY

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Under penalty of perjury, I declare and affirm that I have ex-	mined this sense
including any accompanying schedules and statements, and i	that all stutements
contained herete are true and correct.	Bill Statesments,

Eric Weiner

Print or Type Name of Authorized Person