



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 136551		2. Exact name of the limited liability company WEINER WORKS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE DEVELOPMENT AND MANAGEMENT	
5. Principal office address 56 Chestnut Hill Avenue		City Cranston	State RI
		Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Eric Weiner		Contact Title Manager	
Street Address 56 Chestnut Hill Avenue		City Cranston	State RI
		Zip 02920	
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 Eric Weiner		Manager Name n/a	
Street Address 56 Chestnut Hill Avenue		Street Address	
City Cranston	State RI	City	State
Zip 02920		Zip	
Manager Name n/a		Manager Name n/a	
Street Address		Street Address	
City	State	City	State
Zip		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 ANTHONY R. LEONE, II		Address LEONE LAW, LLC	
Address 1536 CRANSTON STREET		City CRANSTON	Zip 02920

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



File Date	FILED	*136551*
Check No.	OCT 06 2005	
By:	3y 78998	
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 **7/30/05**
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



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 02903-1331
401.222.3000

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. 136551		2. Exact name of the limited liability company WEINER WORKS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Development and Management	
5. Principal office address 441 Prospect Street		City Pawtucket	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Eric Weiner Contact Title Manager			
Street Address 441 Prospect Street		City Pawtucket	State RI
		Zip 02860	
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 Eric Weiner		Manager Name None	
Street Address 441 Prospect Street		Street Address None	
City Pawtucket	State RI	City	State
Zip 02860		Zip	
Manager Name None		Manager Name None	
Street Address		Street Address	
City	State	City	State
Zip		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 MARK A. CHARLSON		Address	
Address 928 PARK AVENUE		City CRANSTON	Zip 02910

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



* 1 3 6 5 5 1 *

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 **10/20/04**

Eric Weiner

Print or Type Name of Authorized Person

FOR SECRETARY OF STATE USE ONLY