



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Divisic  
100 North Main Stre  
Providence, RI 02903-133  
401.222.3000

**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. 131165		2. Exact name of the limited liability company Expert Carpentry by Paul, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CARPENTRY			
5. Principal office address 226 L WEST MAIN ROAD			City LITTLE COMPTON RI	State RI	Zip 02837
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PAUL <del>MEDEIROS</del> MEDEIROS			Contact Title MANAGER		
Street Address 226 WEST <del>MAIN</del> MAIN ROAD			City LITTLE COMPTON	State RI	Zip 02837
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 PAUL <del>MEDEIROS</del> MEDEIROS			Manager Name		
Street Address 226 WEST <del>MAIN</del> MAIN ROAD			Street Address		
City LITTLE COMPTON	State RI	Zip 02837	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 PAUL MEDEIROS			Address		
Address 226 L WEST MAIN ROAD			City LITTLE COMPTON	Zip 02837	

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



File Date 10/19/05 131165  
Check No. 201  
By: PM  
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.

Paul Medeiros 9-4-05  
Signature of Authorized Person Date  
PAUL Medeiros  
Print or Type Name of Authorized Person



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 02903-1333  
401.222.304

**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. 131165		2. Exact name of the limited liability company Expert Carpentry by Paul, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CARPENTRY	
5. Principal office address 1257 STAFFORD RD		City TIVERTON	State RI
			Zip 02878
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name PAUL MEDEIROS		Contact Title owner	
Street Address 226L WEST MAIN RD		City LITTLECOMPTON	State RI
			Zip 02837
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 PAUL MEDEIROS		Manager Name	
Street Address 226L WEST MAIN RD		Street Address	
City LITTLECOMPTON	State RI	Zip 02837	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 PAUL MEDEIROS		Address	
Address 1257 STAFFORD ROAD		City TIVERTON	Zip 02878-

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



\* 1 3 1 1 6 5 \*

NO. WA 42 11 5 100  
RECEIVED  
SECRETARY OF STATE

File Date 10/13/04  
Check No. 103  
By: DA

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 statement contained herein are true and correct.

Paul Medeiros  
Signature of Authorized Person Date  
PAUL MEDEIROS  
Print or Type Name of Authorized Person