

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: Septen		•••	00			
(FORM MUST BE TYPED 144369	2	name of the limited liability company				
3 State of Formation RHODE ISLAND	4. Brief desc	4. Brief description of the character of the business which is actually conducted in Rhode Island				
5 Principal office address 133 Sayles Avenue			Gily Pawtucket	State RI	24) 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM Gontact Name Donald T. Cordner			NAME OR TITLE OF CONTACT PERS  Contact Title	Contact Title		
133 Sayles Avenue			<sup>Ciny</sup> Pawtucket	State RI	Ö2860	
	FILL IN	SPACES BEFORE USING	LIABILITY COMPANY, IF APPLICAE ATTACHMENTS ("X" BOX FOR AT ES FILING OF AMENDMENT, R.I.G.I	TACHMENT	• —	
Manager Name Donald T. Cordner			Manager Name Jean E. Cavanaugh	· · · · · · · · · · · · · · · · · · ·		
133 Sayles Avenue			Street Address 133 Sayles Avenue	Street Address 133 Sayles Avenue		
Pawtucket	State RI	02860	133 Sayles Avenue	State RI	<sup>z</sup> ()2860	
Manager Name	•••••		Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes of Agent Name  CHARLES H. WHITE			anges require filing of Form 642 -			
Address 150 MAIN STREET			Gip: PAWTUCKET	χφ 02860		

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



POR'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

Donald T. Cordner

Print or Type Name of Authorized Person