

STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401 222 3040

**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 105569		2. Exact name of the limited liability company ALL SEASON PRODUCE			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SALE OF PRODUCE			
5. Principal office address 570 WELLINGTON AVENUE		City CRANSTON		State RI	Zip 02910
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name SORATH YIN			Contact Title MEMBER		
Street Address 60 PLAZA STREET		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 SORATH YIN			Manager Name		
Street Address 60 PLAZA STREET			Street Address		
City CRANSTON	State RI	Zip 02920	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 SORATH YIN			Address		
Address 60 PLAZA STREET		City CRANSTON, RI		Zip 02920	

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

File Date	10/6/04
Check No	1708
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 statements contained herein are true and correct.

Signature of Authorized Person

Date

SORATH YIN  
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name SORATH YIN			Contact Title MEMBER		
Street Address 60 PLAZA STREET		City CRANSTON	State RI	Zip 02920	
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Manager Name SORATH YIN			Manager Name		
Street Address 60 PLAZA STREET			Street Address		
City CRANSTON	State RI	Zip 02920	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 SORATH YIN			Address		
Address 60 PLAZA STREET		City CRANSTON,	State RI	Zip 02920	

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.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person

Form 632 Rev. 6/02

File Date	10/6/04
Check No	1708
By	DA
FOR SECRETARY OF STATE USE ONLY	

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100 North Main Street, Providence, RI 02903-1335  
401 222.3040


**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 10556-9		2. Exact name of the limited liability company ALL SEASON PRODUCE, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SALE OF PRODUCE	
5. Principal office address 570 WELLINGTON AVENUE		City CRANSTON	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name SORATH YIN		Contact Title MEMBER	
Street Address P.O. BOX 72906		City PROVIDENCE	State RI
		Zip 02907	
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 SORATH YIN		Manager Name	
Street Address 60 PLAZA STREET		Street Address	
City CRANSTON	State RI	Zip 02920	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 842 - R.I.G.L. 7-16-11			
Agent Name		Address	
Address		City	Zip

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

File Date	12-19-02
Check No.	1136
By:	
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

MEMBER

Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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

**LIMITED LIABILITY COMPANY**

ID Number

105569

Annual Report for the year 2001

1. The name of the limited liability company is:

ALL SEASON PRODUCE, LLC

2. The address of the principal office of the limited liability company is:

570 WELLINGTON AVENUE, CRANSTON, RI 02910

3. The state or other jurisdiction under the laws of which it is formed is: RHODE ISLAND

4. The name and address of its resident agent is: SORATH YIN

60 PLAZA STREET, CRANSTON, RI 02920

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: P.O. BOX 72906, PROVIDENCE, RI 02907

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state:

SALE OF PRODUCE

7. If the limited liability company has managers, list the name and address of each manager:

*Name*

*Address*

Name	Address

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.

Date:

10/30/01

ALL SEASON PRODUCE, LLC

*Exact Name of Limited Liability Company*

By

Sorath yin

MEMBER

member  
*Title*

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



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LIMITED LIABILITY COMPANY

ID Number 105569

Annual Report for the year 2000

1. The name of the limited liability company is:

All Season Produce, LLC

2. The address of the principal office of the limited liability company is:

570 Wellington Avenue, Cranston, RI 02910

3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island

4. The name and address of its resident agent is: Sorath Yin

60 Plaza Street, Cranston, RI 02920

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: P.O. Box 72906, Providence, RI 02907

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Sale of Produce

7. If the limited liability company has managers, list the name and address of each manager:

Name

Address

Date: 10/30/2000

All Season Produce, LLC

Exact Name of Limited Liability Company

By Sorath Yin

Member

Title