



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1 ID No 138571		2 Exact name of the limited liability company Pure Platinum, LLC			
3 State of Formation Rhode Island		4 Brief description of the character of the business which is actually conducted in Rhode Island			
5 Principal office address 393 Reservoir Avenue			City Cumberland	State RI	Zip 02864
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Glenn Bruno			Contact Title Manager		
Street Address Same as above			City	State	Zip
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 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 Glenn Bruno			Manager Name		
Street Address Same as above			Street Address		
City	State	Zip	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 John C. Dean			Address		
Address 156 South Main Street			City Providence	Zip 02903	

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SECRETARY OF STATE
AUG 21 AM 11:25

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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

File Date **FILED**

Check No. **AUG 21 2006**

By: **By [Signature] 48-08202**

FOR SECRETARY OF STATE USE ONLY

[Signature] 7-30-06
Signature of Authorized Person Date
Glenn Bruno
Print or Type Name of Authorized Person