

## 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

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RHODE ISLAND		COSTOM PICTUR	E FRAMING, LOT SA	ALES.			
5. Principal office add	Ja .	1		City	State	Zip	
147 KESERVOIR AVENUE			LINKUN	ISI	12865		
6. MAILING ADD	RESS OF L	IMITED LIABILITY	COMPANY AND N	AME OR TITLE OF CONTAC	T PERSON:		
Contact Name	_	$\bigcirc$ 1		Contact Title		· ·	
LUTRE	w_	T. LA	NOLDIS	_ LLC MA	NAGER		
Street Address				City	State	Zip	
<u> </u>	AME	AS_AB	OVE				
7. NAME AND AL				IABILITY COMPANY, IF API	PLICARLE		
		FILL IN SPACES	BEFORE USING A	TTACHMENTS ("X" BOX F	OR ATTACHMENT)		
,	ANY MODI	FICATIONS TO MA	NAGERS REQUIRES	FILING OF AMENDMENT,	R.I.G.L. 7-16-12 (a) (2)	7-16-52	
Manager Name		·		Manager Name			
Street Address				Street Address	<del></del>	<del></del>	
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City		State	ZΨ	City·			
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Manager Name	•••••	l	.1				
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8. RESIDENT AGI	NT IN RH	ODE ISLAND DO	NOT ALTER - Char	iges require filing of Form	642 · R.I.G.L. 7-16-11		
Agent Name			<u>-</u>	Address			
ANDROLLO	010						
ANDREW R. LANGI	UIS		<u> </u>		<del></del>	<u> </u>	
Address			City	Zip			
147 RESERVOIR AVENUE		<u></u>	LINCOLN	0286	<sub>5.</sub>		
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

File Date	0 05 05 122674	
Check No	1980	.
Ву:	CXC	.
FC	OR SECRETARY OF STATE USE ONLY	

Inder penalty of perjury, I declare and affirm that I have examined this repor
ncluding any accompanying schedules and statements, and that all statement
contained herein are true and correct.
[ while I / 10/4/05
enquire of Authorited Person Date
ARDREW R.LANGIOIS
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 02903-1335 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 2. Exact name of the limited liability company 122674 Get The Picture, LLC 3. State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island CUSTOM PICTURE FRAMING, LOSSALES. **RHODE ISLAND** 5. Principal office address KESERVOIR LINCOLN 02865 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Zip SAME AS ABOUE 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Street Address Street Address City Zφ City ZID Manager Name Manager Name Street Address Street Address Ctty 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 Address

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

LINCOLN



File Date 9	16/04		
Check No.	703		
Ву:	DA		
FOR SECRETARY OF STATE USE ONLY			

**ANDREW R. LANGLOIS** 

147 RESERVOIR AVENUE

Under penalty of perjury, I declare and affirm including any accompanying synedules and s	
contained herein are type and correct.	
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alux (st loc	9/14/04
ignature of Authorized Person	Date /
ANDREW R. JANGLOIS	
Print or Type Name of Authorized Person	

Z.ip

02865-



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 2. Exact name of the limited liability company

Get The Picture, LLC

122674

3. State of Formation

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 2003
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

4. Brief description of the character of the business which is actually conducted in Rhode Island

RHODE ISLANO	CUST	om PICTO	re framing la	nt sales			
5. Principal office address 147 RESERVOIR AVENUE		Ciny C	State RI	<i>Zip</i> 02865 -			
6 MAILING ADDRESS	OF LIMITED	LIABILITY COMP.	ANY AND ENAME OR STITLE	OF CONTACT PER	· · · · · ·		
Consoci Jame  NOREW	LAUXIO		Contact Title LLC WA				
Sirect Address			City	State	Zip		
7. NAME AND ADDRES	FILL IN SE	ANAGER OF THE PACES BEFORE USIN	LIMITED LIABILITY CON C ATTACHMENTS (*X" BOX UIRES FILING OF AMENDMENT.	FOR ATTACHMENT)			
Manager Name			• Manager Name •				
Street Address		<del></del> -	· Street Address		<u></u>		
City	State	Zip	*City	State	Zip		
Manager Name			Manager Name				
Street Address		····	Street Address	• Street Address			
Cuy	State	Zip	.City	State	Zip		
8. RESIDENT AGENT IN Agent Name ANDREW R. LANGLO		D-DO NOT ALTER- C	Hanges regulre filling of f Address 147 RESERVOIR		6-1)		
Address			City	Zij	,		
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This report must be sign	ra 17818 Arro 18811 Are	authorized person					
*122674 DLLC 11/04/0		1*	this report, includi	perjury. I declare and affining any accompanying scents contained herein are	hedules and statements,		
Check No 1449	)	_	Signature of Author	sed Person	Date /1/4/03		
By:		_	ANDREW	) RV LA	UK-LOIS		
FOR SECRETARY OF STATE	E USE ONLY		rrini or type Name	Print or Type Name of Authorized Person Form 632 Rev. 6:0			