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Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street Providence, RI 02963-1335 461 222 3040

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) I ID No 2 Exact name of the limited liability company 138276 House of Kitchens, LLC 3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Sales of household cabinetry RHODE ISLAND 3 Principal office address State 90 Cutler Street Warren RI 02885 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title John MacGovern Street Address Cuy State Zıp 80 Cutler Street .Warren RΙ 02885 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ~~X~BOX*FORATTACHMENT 🗌 ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENOMENT: R.I.G.L 7-18-12 (a) (2) / 7-16-52 Manager Name · Manager Name Street Address · Street Address Cit State Zıp State 7.10 Manager Nam<mark>e</mark> Manager Name Street Address *Street Address City City State Zφ State Ziv 8. RESIDENT AGENT IN RHODE ISLAND-DO NOT ALTER- Changes require filing of Form 642 - R.I.GL 7-16-11 Address MARK R. QUIGLEY, ESQ. 41 CLIFTON ROAD Address City Zip BRISTOL 02809-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

Mark R. Quigley Print or Type Name of Authorized Person