

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

Matthew A. Brown, Secretary of State

Corporations Divisi-100 North Main Sin Providence, RI 02903-13, 401-222-30

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 112783 STITCH'S CUSTOM EMBROIDERY LLC 3. State of Formation 4 Brief description of the character of the business which is actually conducted in Rhode Island CUSTOM EMBROIDERY AND SILK SCREENINGS AND APPAREL **RHODE ISLAND** 5. Principal office address 14 twows りてみてい 6. MAILING ADDRESS OF LIMITED LI TY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title lenber 12 I 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 State *7.*ip Cur State Ζip Manager Name Manager Name Street Address Street Address City State Zip City State Z(p 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name MICHELLE A. ANDREWS Address Z.LD 40 OAKRIDGE DRIVE **CRANSTON** 02921-

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

File Date	7/05	*112783*
Check No.	4'815	
Ву:	DA	
FOR SE	CRETARY OF STATE	USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all statement contained herein are true and correct.

Mabell a Cheurs 9-6.0.

Michelle A. Andrews

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 Dinisie 100 North Main Stre Providence, RI 02903-13-401.222.30s

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: Septem			Filing Fee: \$50.00	KEI OKI FOR TIII	SILAK		<u> </u>	
(FORM MUST BE TYPED 1. II) No. 112783	2. Exact n	D IN BIACK) ame of the limited liability company S CUSTOM EMBROIDERY LLC						
3. State of Formation 4. Brief description of the character of the hustne CUSTOM EMBROIDERY AND SILK SO			chameter of the hustness white DERY AND SILK SCREE	ch is actually conducted in Rhode Islan	ıd		<u> </u>	
5 Principal office address	A-	hood		Crunston		T Z	02920	
Contract Marine				OR TITLE OF CONTACT PER		·		
Street Address 7 6 5	3 1	A An Atwood	Ave	Cay Cranston	State /2	工	52920	
		FILL IN SPACES 1	BEFORE USING ATTAC	LITY COMPANY, IF APPLICAL HMENTS ("X" BOX FOR AT ING OF AMENDMENT, R.J.G.I Manager Name	TACHMENT) [] a) (2) / 7-16-52	<u> </u>	
Street Address				Street Address				
City	S	iate	Zip	City	State	Zij	,	
Manager Name	••••••••••••	*******************************		Manager Name				
Sirvet Address	-			Sirent Address				
Сиу	. Si	tate	<i>Т.</i> гр	City	State	Zq	,	
8. RESIDENT AGENT Agent Name MICHELLE A. ANDREV		DE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 - Address	 R.I.G.L. 7-1	6-11		
Address 40 OAKRIDGE DRIVE				City Z.q. CRANSTON 02921-				
					·	<u> </u>		

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



File Date 9 22 04
Check No. 4075
Ву:
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and af	Tirm that I have examined this repor
ncluding any accompanying schedules a	
contained herein are true and correct	Λ

Signature of Authorized Person

Date A

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 Divisi-190 North Main Siri Providence, Rt 02903-13, 401-222-30

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

Filing Period: Septe (FORM MUST BE TYPE)	mber 1 - November 1 O OR PRINTED IN BIACK)	• Filing Fee: \$50.00	REFORT FOR	THE TEAK_	
1 ID No	2 Exact name of the limiter	Chability company	-		
112783		OM EMBROIDERY LLC			
3 Mate of Formation	4 Brief descriptio	n of the character of the business t	thich is actually conducted in RI	onde Island	
RHODE ISLAND		BROIDERY AND SILK SCRE	ENINGS AND APPAREL		
5 Principal office address 7 68 6. MAILING ADDRI	LoowtA	A UE_	Cransto	n State RI	0 Z 9 Z 0
Contact Name		tndrews Ave	Contact Title		
Sirver Address 68				mber n sue/2I	Zφ 07 62
	FILL IN SPA	EER OF THE LIMITED LIAN ACES BEFORE USING ATTA MANAGERS REQUIRES F	CHMENTS /"X" ROY I	FOR ATTACHMENTS	 2) / 7-16-52
Street Address	-		Street Address		
City	State	Z:p	City	State	Zip
Manager Name	•••••••••••••••••••••••••••••••••••••••		Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGEN	T IN RHODE ISLAND	DO NOT ALTER - Change:	· s require filing of Form	 642 - R.I.G.L. 7-16-11	in the second
Agent Name MICHELLE A. ANDREW		v	Address		
Address 40 OAKRIDGE DRIVE			CH:	Z.p	2921-

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

*	1	1	2	7	8	3	*

File Date - — FILED— —
Check No. — SEP 2 2 2003 — —
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 statement contained herein are true and correct.

· · · · · · · ·

Date

Print or Type Name of Authorized Person

A Andrew



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED L	IABILITY	COMPANY	ANNUAL REPOR	T FOR THE	YEAR _	<u> 2002 </u>
		iber 1 • Filing Fee	: \$50.00			
(FORM MUST BE TYP)		N BLACK) the limited liabilty company				
112783		TOM EMBROIDERY LLO				
3. State of Formation			of the business which is actually co	nducted in Rhode Island		
RHODE ISLAND	CUST	OM EMBROIDERY AND	SILK SCREENINGS AND APP	AREL		
5. Principal office addre		Λ Λ	City	State	OT	Zip
768	Atw	oud Au	e Cran	Ston	RI	02920
6. MAILING ADD	RESS OF LIMI	TED LIABILITY CO	MPANY AND NAME OR T	ITLE OF CONTAC	T PERSON:	
l Contact Name 👝 💢 .	chelle		Contact Title	Member		
Street Address 7	, 8 A	+ wood	Aue Cir Crar	Ston State	RI	2in 2420
7. NAME AND ADD	FILL	IN SPACES BEFORE US	E LIMITED LIABILITY C SING ATTACHMENTS (*) EQUIRES FILING OF AMENDN	" BOX FOR ATTACHM	ENT [
Manager Name	-		· Manager Name			
Street Address			Street Address	<u> </u>		
City	State	Zip	City	State		Zip
Manuger Name		· • • • • • J • • • • •	Manager Nume		• • • • • •	J
Street Address			• Street Address			
City	State	Zip	City	State		Zip
8. RESIDENT AGEN	IT IN RHODE IS	LAND DO NOT ALTER	Changes require filing	of Form 642 P.I	ČŤ: Ž1Ğ11	
Agent Name		STATE OF THE TABLET	Address	011011110-22-101.	0.12. 7-10-11	
MICHELLE A. ANDRE	WS					
Address	-	<u> </u>	City	City Zip		
40 OAKRIDGE DRIVE			CRANSTON			
						

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



File Date	9-19-02	
Check No.	2500	
8 <u>y;</u>	<u>D</u>	
FOR SECRE	TARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,

Andrews Print or Type Name of Authorized Person

Form 632 Rev. 6/0

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

Revised 01/99



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Cerporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

		LIMITED LIABILITY COMPANY
ID	Number <u>DLLC 112783</u>	Annual Report for the year 2001
1.	The name of the limited liability con	
	STITCH'S CUSTOM EMBROIDER	YLLC
2.	The address of the principal office of the principal of the principal office o	Λ '_
3.	The state or other jurisdiction under	the laws of which it is formed is RHODE ISLAND
4.	The name and address of its reside	nt agent is: MICHELLE A. ANDREWS
	40 OAKRIDGE DRIVE CRANSTOR	
5.	may be directed are: Miche	imited liability company and the name or title of a person to whom communications Ne Andrews 828 Atwood Ave RI 02920
6.	A brief statement of the character state: Custom Em	of the business in which the limited liability company is actually engaged in this broidery, & Silk Screening, & Apparel
7.	If the limited liability company has m Name	anagers, the name and address of each manager of the limited liability company Address
Date	1 1 2 7 8 3 OR 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. Stitches Custom Embroidery LCC Exact Name of Limited Liability Company By Michelle A. Andrews
Check	KNo.: 1638	President
By:	2	Form No. 632