



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Divisi.
100 North Main Str
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)

1. ID No. 112783		2. Exact name of the limited liability company STITCH'S CUSTOM EMBROIDERY LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CUSTOM EMBROIDERY AND SILK SCREENINGS AND APPAREL	
5. Principal office address 769 Atwood Avenue		City Cranston	State RI
		Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michelle A. Andrews		Contact Title Member	
Street Address 40 Oakridge Dr		City Cranston	State RI
		Zip 02921	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	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			
Agent Name MICHELLE A. ANDREWS		Address	
Address 40 OAKRIDGE DRIVE		City CRANSTON	Zip 02921-

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



File Date	9/7/05	*112783*
Check No.	4815	
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.

Michelle A. Andrews 9-6-05
Signature of Authorized Person Date
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 Division
100 North Main Street
Providence, RI 02903-1320
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)

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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
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Street Address 768 Atwood Ave		City Cranston	State RI	Zip 02920	
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Manager Name			Manager Name		
Street Address			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 MICHELLE A. ANDREWS			Address		
Address 40 OAKRIDGE DRIVE			City CRANSTON	Zip 02921-	

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	9/22/04
Check No.	4075
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: Michelle A Andrews Date: 9-20-04
Print or Type Name of Authorized Person: Michelle A Andrews



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 02903-13
401 222-30

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 112783		2. Exact name of the limited liability company STITCH'S CUSTOM EMBROIDERY LLC									
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CUSTOM EMBROIDERY AND SILK SCREENINGS AND APPAREL									
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:											
Contact Name Michelle Andrews				Contact Title Member							
Street Address 768 Atwood Ave		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											
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Street Address				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 MICHELLE A. ANDREWS				Address							
Address 40 OAKRIDGE DRIVE				City CRANSTON		Zip 02921					

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



File Date	FILED
Check No.	SEP 22 2003
By	ml6787
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.

Michelle A Andrews 9-8-03
Signature of Authorized Person Date
Michelle A Andrews
Print or Type Name of Authorized Person



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 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 112783		2. Exact name of the limited liability company STITCH'S CUSTOM EMBROIDERY LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CUSTOM EMBROIDERY AND SILK SCREENINGS AND APPAREL	
5. Principal office address 768 Atwood Ave		City Cranston	State RI
		Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michelle A Andrews		Contact Title Member	
Street Address 768 Atwood Ave		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) 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	Zip	City
State	Zip	City	State
Manager Name	Manager Name		
Street Address	Street Address		
City	State	Zip	City
State	Zip	City	State
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	
Address 40 OAKRIDGE DRIVE		City CRANSTON	Zip 02921

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



File Date	9-19-02
Check No.	2500
By:	<u>[Signature]</u>
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.

Michelle A Andrews 9-18-02
Signature of Authorized Person Date
Michelle A. Andrews
Print or Type Name of Authorized Person

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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 112783

Annual Report for the year 2001

1. The name of the limited liability company is:
STITCH'S CUSTOM EMBROIDERY LLC
2. The address of the principal office of the limited liability company is:
828 Atwood Ave Cran, RI 02920
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: MICHELLE A. ANDREWS
40 OAKRIDGE DRIVE CRANSTON RI 02921-
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: Michelle Andrews 828 Atwood Ave
Cranston, RI 02920
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Custom Embroidery, & Silk Screening, & Apparel
7. If the limited liability company has managers, the name and address of each manager of the limited liability company
Name Address

_____	_____
_____	_____
_____	_____

Dated 10-15-01



1 1 2 7 8 3

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 LLC
Exact Name of Limited Liability Company

By Michelle A. Andrews
President
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-17-01</u>
Check No.:	<u>1638</u>
By:	<u>2</u>