



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>118583</b>		2. Exact name of the limited liability company <b>OCEAN STATE TRADING LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>IMPORT &amp; DISTRIBUTIONS OF SOAP PRODUCTS &amp; BRONZE PRODUCTS TAX LIENS &amp; Real Estate</b>			
5. Principal office address <b>891 North Quiddnessett Rd</b>		City <b>N. Kingstown</b>		State <b>RI</b>	Zip <b>02852</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Stephen Svehlik</b>			Contact Title <b>MANAGER / MEMBER</b>		
Street Address <b>891 North Quiddnessett Rd</b>		City <b>N. Kingstown</b>		State <b>RI</b>	Zip <b>02852</b>
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 <b>Stephen Svehlik</b>			Manager Name		
Street Address <b>891 N. Quiddnessett Rd</b>			Street Address		
City <b>N. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	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 <b>STEPHEN SVEHLIK</b>			Address		
Address <b>891 NORTH QUIDNESSETT ROAD</b>			City <b>NORTH KINGSTOWN</b>		Zip <b>02852</b>

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



File Date	<b>10/17/05</b>	*118583*
Check No.	<b>1084</b>	
By:	<b>CS</b>	
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.

**Stephen Svehlik** **10/11/05**  
Signature of Authorized Person Date  
**Stephen Svehlik**  
Print or Type Name of Authorized Person



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# 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. 118583		2. Exact name of the limited liability company OCEAN STATE TRADING LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island IMPORT & DISTRIBUTIONS OF SOAP PRODUCTS & BRONZE PRODUCTS AND TAX LIENS	
5. Principal office address 891 North Quiddnessett Road		City North Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: Stephen SVEHLIK Contact Title: MANAGER/MEMBER			
Street Address 891 North Quiddnessett Road		City N. Kingstown	State RI
		Zip 02852	
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 Stephen Svehlik		Manager Name	
Street Address 891 N. Quiddnessett Rd		Street Address	
City N. Kingstown	State RI	City	State
Zip 02852		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 STEPHEN SVEHLIK		Address	
Address 891 NORTH QUIDNESSETT ROAD		City NORTH KINGSTOWN	Zip 02852

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



\* 1 1 8 5 8 3 \*

File Date	SEP 27 2004
Check No.	By 1018 GAD
By:	
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: Stephen Svehlik Date: 9/22/04  
Print or Type Name of Authorized Person: Stephen Svehlik



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  
401 222-3640

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 118583		2. Exact name of the limited liability company OCEAN STATE TRADING LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island IMPORT & DISTRIBUTIONS OF SOAP PRODUCTS & BRONZE PRODUCTS	
5. Principal office address 891 North Quidnessett Road		City North Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name STEPHEN SVEHLIK Contact Title MANAGER/MEMBER			
Street Address 891 N. Quidnessett Road		City North Kingstown	State RI
		Zip 02852	
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 STEPHEN SVEHLIK		Manager Name	
Street Address 891 N. Quidnessett Road		Street Address	
City N. Kingstown	State RI	City	State
Zip 02852		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 STEPHEN SVEHLIK		Address	
Address 891 NORTH QUIDNESSETT ROAD		City NORTH KINGSTOWN	Zip 02852-

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



\* 1 1 8 5 8 3 \*

File Date	9-22-03
Check No.	1336
By	[Signature]
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] 9/15/03  
Signature of Authorized Person Date  
STEPHEN SVEHLIK  
Print or Type Name of Authorized Person



# 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. 118583		2. Exact name of the limited liability company OCEAN STATE TRADING LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Import & Distributions of Soap products & Bronze Statues	
5. Principal office address 891 N. Quiddnessett Rd		City N. Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Stephen Svehlik		Contact Title Partner	
Street Address 891 N. Quiddnessett Rd		City N. Kingstown	State RI
		Zip 02852	
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 STEPHEN SVEHLIK		Manager Name	
Street Address 891 N. QUIDNESSETT ROAD		Street Address	
City N. Kingstown	State RI	City	State
Zip 02852		Zip	
Manager Name NA		Manager Name N/A	
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 STEPHEN SVEHLIK		Address	
Address 891 NORTH QUIDNESSETT ROAD		City NORTH KINGSTOWN	Zip 02852

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



\* 1 1 8 5 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.

Signature of Authorized Person: Stephen J. Svehlik Date: 9/25/02  
Print or Type Name of Authorized Person: Stephen J. Svehlik

File Date	<u>11-6-02</u>
Check No.	<u>1285</u>
By:	<u>ea</u>
FOR SECRETARY OF STATE USE ONLY	