

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

IN	4 17	ΓED	LIABILITY	COMPANY	A'NNUAL	REPORT	FOR	THE YEAR	

2005

(FORM MUST BE TYPED	OR PRINTED IN BLACK)	• riling Fee: \$	50.00		
1. ID No. 118583	2 Exact name of the time OCEAN STATE TRA	ied liability company DING LLC			
3. State of Formation RHODE ISLAND	TAX A	DISTRIBUTIONS OF	business which is actually conducted in SOAP PRODUCTS & BRONZE PR	Rhode Island	
5. Principal office address 89/ North 6. MAILING ADDRES	h Quidness		N. Kingste	ren State RI	02652
Contact Name Stephe	w SvehLik		Contact Title MANA GEN	ACT PERSON: L /MEMBEL	
891 Nort	h Quidwa	7575	ED LIABILITY COMPANY, IF	our State RI	02852
-···	FILE-IN-S	Paces-before-ust:	NG ATTACHMENTS ("X" BOZ UIRES FILING OF AMENDMEN"	X FOR ATTACHMENT) []	/ 7-16-52
Manager Name Stephe	w Svehli	K	Manager Name		-
Street Address \$9/ N.	Buid Nes	sett Pd	Street Address		
N. Lingsta	in State	21p 0285	City	State	Zip
Manager Name		***************************************	Manager Name	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••
Street Address		-	Street Address		
Gity	State	Zip	City	State	Ζφ
8. RESIDENT AGENT Agent Name STEPHEN SVEHLIK	IN RHODE ISLAND	DO NOT ALTER	: Changes require filing of For Address	rm 642 · R.I.G.L. 7-16-11	
Address 891 NORTH QUIDNESS	ETT ROAD		City: NORTH KINGSTOWN	Ζφ 0285	2.

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

File Date	0/14/05-118583	
Check No.	1084	.
By:	an	
FOR SECI	RETARY 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.

The foel

Date

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

1 1/2 No. 118583							
3 State of Formation RHODE ISLAN	ID IMPORT & DIS	of the character of the business	which is actually conducted in Rhode Isla RODUCTS & BRONZE PRODUCT	ond S			
5 Principal office at 891 No.	eth Quidnesset	T ROND	North Kingstown	State	2.4p		
water vante	bress of limited liability from SVEHLIK eth Quidnessett		Contact Title	SON:	·		
			MANAGER/ME N. Kingstown	State RI	02852		
		ES-BEPORE TISING ATT	BILITY COMPANY, IF APPLICA ACHMENTS ("X" BOX FOR A ILING OF AMENDMENT, R.I.G. Manager Name	**********) / 7-16-52		
STA 1001 Address 891 N	acidnessett Ro		Street Address				
N. K: 47	stown State RI	22852	City	State	Zip		
lanager Name	•		Manager Name		J		
treet Address			Street Address				
îty	State	Zip	City	State	Zip		
	ENT IN RHODE ISLAND - DO	NOT ALTER - Change	s require filing of Form 642 . Addors	 R.I.G.L. 7-16-11	, I		
. RESIDENT AG gent Name STEPHEN SVEHLI			Į.				

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 *
	· Limensi)
le Date	

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.



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

Matthew A. Brown, Secretary of State

Corporations Du ision 100 North Main Street Providence, Rt 02903-1335

401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _ 2003 Filing Period: September 1 - November 1 • Filing Fee: \$50,00

(FORM MUST BE TY)	PED OR PRINTED IN BLACK)	1 mag 1 ee. 5,50,00				
1 II2 No. 118583	2 Exact name of the limit OCEAN STATE					
3 State of Formation	4 Brief descriptu	m of the character of the business	which is actually conducted.	n Rhade Island	<u></u>	
RHODE ISLAND	IMPORT & D	ISTRIBUTIONS OF SOAP PI				
5 Principal office ach 89/ N46 6. MAILING ADD	th QuidNESSET		North Kin	restour sine RT	^{वक्} कर्रेड्य	
STEPA	YEN SVEKK:K		Contact Title MANAGER	,		
891 N	Quidwassett &		North K.	rystan siare RI	E 02552	
Manager Name	ANY MODIFICATIONS TO	GER OF THE LIMITED LIA ACES BEFORE USING-ATT, MANAGERS REQUIRES F	A 1.13 B 6 T B 1 Tr 1			
	HEN SVEPT					
<u>89/ N. </u>	Quidvessett,	Rond	Street Address			
N. Kings	Your PI	02852	Gity	State	Zip	
Manager Name		•••••••••••••••••••••••••••••••••••••••	Manager Name			
Street Address			Street Address			
Cuy	State	Zip	Gin	State	Zip	
8. RESIDENT AGE		DO NOT ALTER - Change:	s require filing of Fo	 rm 642 - R.I.G.L. 7-16-	11	
Address 891 NORTH QUIDNE	SSETT ROAD		Citi: Zip NORTH KINGSTOWN 02852-		<i>(φ</i> 02852-	
						

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

	 [] 		8 5	8	3 *
File Date	9	- 2 X	<u></u>]
Check No	_/_3	<u> 33(</u>	; 		
н _{у.}		<u>}_</u>			
FOR	CSECRET/	ARY OF STAT	TE USE ONLY		

Under penalty of pe including any accon- contained herein are	ipanying schedules and	mithat I have examined this report statements, and that all statements
141	1.111	0/10/10

Print or Type Name of Authorized Person



Edward S. Inman, 111, 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

	YPED OR PRINTED IN B		70.00			
1. ID No.		limited liabilty company				
118583	OCEAN STATE TR	ADING LLC				
3. State of Formation	4. Brief desci	iption of the character of th	e, business which is actually conducted	in Rhode Island		
RHODE ISLAND	IM	over a District	butions of Samp P	ratuets.	y BRON	ze SYAYUS
5. Principal office at 891 N.	Buidnessett	- Rd	N. Kingston	State	RI	Zip 02652
6. MAILING AD	DRESS OF LIMITE	D LIABILITY COMP	ANY AND NAME OR TITLE	OF CONTACT	PERSON	
Contact Name SX		, ,	Contact Title	-	TERSON.	
Street Address N.	QuidNesse		City N. Kingst	State	RI	Zip OHJO
7. NAME AND AI	DDRESS OF EACH M	ANAGER OF THE LI	MITED LIABILITY COMPA	YY, IF APPLIC	ABLE	
	ANY MODIFICATION	SPACES BEFORE LISING IS TO MANAGERS REQU	G. ATTACHMENTS ("X" BOX)	EORATIACHME	NT,	
Manager Name				.1.G.L 7-10-12 (a)	(2) / /-16-52	
	EN SVEHL	:K	• Manager Name • •			
Sireci Address	QuiDNESSE	TT ROAD	* Street Address	<u> </u>		
W. Kings	stown State RI	Zip OSS	City	State		Zip
Manager Name	NA	· · · · · · · · · · · · · · · · · · ·	Manager Name	Na	• • • • •	١
Street Address			· Street Address	17/17	-	<u> </u>
			•			
City	State	Zip	.Ciry	State		Zip
8. RESIDENT AGI	ENT IN RHODE ISLA	VI) -DO NOT ALTER. CH	anges require filing of Fo			
Igent Name	A CONTRACTOR OF THE CONTRACTOR	IN-DO NOT ALTER- CI	Address	rm 642 - R.I.G	.L. 7-16-11	
STEPHER SVEHLIK	(Auuress			
Address			Cin	 .	Zip	
891 NORTH QUIDNE	ESSETT ROAD		NORTH KINGSTOWN		02852·	
						

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



File Date	11-60-02				
Check No	1285				
B <u>y:</u>	de				
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.