

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2005

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L.ID No. 2 Exact name of the limited hability company 99282 VENTURE WINDOW, LLC. 3. State of Formation 4. Brief description of the character of the hismess which is actually conducted in Rhode Island REPLACEMENT WINDOWS & HOME IMPROVEMENTS **RHODE ISLAND** 5 Principal office address 02904 **PROVIDENCE** RΙ 859 NORTH MAIN STREET 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title BRUCE SCHULBAUM PROVIDENCE Street Address State 02904 KI 859 NORTH MAIN STREET 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 BRUCE SCHULBAUM Strivit Address Street Address 859 NORTH MAIN STREET Zip 02904 RI PROVIDENCE Manager Name Manager Name Street Address Street Address City State State Zip

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

HODOSH & LYON

City

WARWICK

File Date 9/12/05 *99282*
Check No
AOR SECRETARY OF STATE USE ONLY

**NEILL B. LYON, ESQ.** 

**1023 POST ROAD** 

Address

Under penalty of perjury. I declare and affi	
including any accompanying schedules and contained herein are true and correct.	I statements, and that all statements
contained leternate rue and correct.	
July Se-	9/1/05
Signature of Author ed Person	Date /
Beve Shulbaum	
Print or Type Name of Authorized Person	

Zip

02888



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

Matthew A. Brown, Secretary of State

Corporations Division 199 North Main Street Providence, RI 02903-1335 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) 1 1/1 No. 2. Exact name of the innited hability company 99282 VENTURE WINDOW, LLC 3 Mate of Formation 4. Brief description of the character of the business which is actually conducted in Rhode island. REPLACEMENT WINDOWS & HOME IMPROVEMENTS RHODE ISLAND 5. Principal office address 747 NORTH MAIN STREET PROVIDENCE 02904 RΙ 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title BRUCE SCHULBAUM Sheet Address 1 CH 747 NORTH MAIN STREET 02904 **PROVIDENCE** R1 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 Memager Name BRUCE SCHULBAUM Street Address Street Address 747 NORTH MAIN STREET  $^{\gamma p}$  02904  $Gr_2$ State **PROVIDENCE** Manager Name Manager Name Street Address Street Address 7.47 CttrState Zφ 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 NEILL B. LYON, ESO. HODOSH & LYON Address Ziβ

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

WARWICK

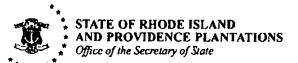


File Date 9 22 04
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FOR SECRETARY OF STATE USE ONLY

1023 POST ROAD

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.
Director 9-10-04
Signature of Authorized Person Date
_ Baxe Schulbaum
Print or Type Name of Authorized Person

02888



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 2003

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 liabilty company 99282 VENTURE WINDOW, LLC. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REPLACEMENT WINDOWS & HOME IMPROVEMENTS RHODE ISLAND 5. Principal office address Zip 747 NORTH MAIN STREET **PROVIDENCE** RI 02904 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title BRUCE SCHULBAUM Street Address City State Zip 747 NORTH MAIN STREET . PROVIDENCE RI 02904 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 BRUCE SCHULBAUM Street Address Street Address 747 NORTH MAIN STREET State<sub>RI</sub> City PROVIDENCE State Cirv 7ір 02904 Manager Name Manager Name Street Address ·Street Address State City Zip Cin Zip State

Address

WARWICK

City

1023 POST ROAD

8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11

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



NEILL B. LYON, ESQ.

HODOSH & LYON

Address

*99282 DLLE 09/08/03 05:33:35 PM*	
File Date 91-11-05	_
Check No. 8752	_
Bx: Zc	_
FOR SECRETARY OF STATE USE ONLY	_

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Under genalty of perjury/I declare ar	nd affirm that I have examined
this report, including any accompany	ing schedules and statements,
and that all statements contained here	cin are true and correct.
Mu 4 5	9-11-03
Signature of Authorized Person	Date
, -	
BRUCE SCHULBAUM	MANAGING MEMBER
Print or Two Name of Authorized Person	

Form 632 Rev. 6/02

Zip

02888



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 TYP						
I. ID No.	2. Exact name of the lin					
99282		/ENTURE WINDOW, LLC.				
3. State of Formation 4. Brief description of the character of the bu				n Rhode Island		
RHODE ISLAND REPLACEMENT WINDOWS & HOME		E IMPROVEMENTS				
5. Principal office address			City	State	Zip	
747 NORTH MAIN STREET			PROVIDENCE	RI	02904	
	RESS_OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE C	OF CONTACT PE	RSON:	
Contact Name	105 001111 5 1 1 T		Contact Title			
	ICE SCHULBAUM		• MANAGER	<del></del>		
Street Address	NODTH MATE CT	a r r m	Ciņ.	State	Zip	
777- <b>26</b>	NORTH MAIN ST		<ul> <li>PROVIDENCE</li> </ul>	RI	02904	
. NAME AND ADI			TITED MABILITY COMPAN			
		ACES BEFORE USING		FOR ATTACHMENT		
	ANY MODIFICATIONS	TO MANAGERS DECILIE	RES FILING OF AMENDMENT. R.	LG L 7-46-42 (a) (2) (	7.16.52	
· · · · · · · · · · · · · · · · · · ·	ALL MODITIONS	TO MANAGERS REGUL	TESTIENTS OF AMENDMENT. N.	1.G.E 7-10-12 (a) (2) 7	1-10-02	
•		TO MINITAGENS REGUL	•Manager Name	1.O.L 7-10-12 (a) (2) 7	1-10-02	
•	CE SCHULBAUM	TO MANAGERO REGOT		1.0.2 7-10-12 (4) (2) 7	1-10-02	
BRU Treet Address	ICE SCHULBAUM			1.0.L 7-10-12 (a) (a) 7		
BRU Street Address			•Munager Name •	1.0.E 7-10-12 (a) (c) 7		
BRU ircet Address 747	ICE SCHULBAUM		•Munager Name •	State	Zip	
BRU ircet Address 747	ICE SCHULBAUM  NORTH MAIN STI	REET	• Manager Name • • • • • Street Address •			
BRU  Treet Address 747  Tity  PROVIDENCE	ICE SCHULBAUM  NORTH MAIN STI	REET Zip	• Manager Name • • • • • Street Address •			
Street Address 747	ICE SCHULBAUM  NORTH MAIN STI	REET Zip	*Manager Name  *Street Address  *City			
BRU  Tircet Address 747  Tity  PROVIDENCE Sanager Name	ICE SCHULBAUM  NORTH MAIN STI	REET Zip	*Manager Name  *Street Address  *City			
Tity PROVIDENCE fanager Name	ICE SCHULBAUM  NORTH MAIN STI	REET Zip	Manager Name  Street Address  City  Manager Name			
Tity PROVIDENCE fanager Name	ICE SCHULBAUM  NORTH MAIN STI	REET Zip	Manager Name  Street Address  City  Manager Name			
BRU Street Address 747  City PROVIDENCE Stanager Name Street Address	NORTH MAIN STI	Zip 02904	*Manager Name  *Street Address  *City  *Manager Name  *Street Address	State State	Zip	
BRU  Itreet Address 747  Tity PROVIDENCE fanager Name  Itreet Address  Try  RESIDENT AGEN	NORTH MAIN STI	Zip 02904	*Street Address  *City  Manager Name  *Street Address	State State	Zip	
BRU  Tity:  PROVIDENCE  Sanager Name  Treet Address  Tity:  RESIDENT AGEN	NORTH MAIN STI	Zip 02904	*Manager Name  *Street Address  *City  *Manager Name  *Street Address	State State	Zip	
BRU  Tity  PROVIDENCE fanager Name  Tityet Address  Tity  RESIDENT AGEN gent Name	NORTH MAIN STI	Zip 02904	*Street Address  *City  *Manager Name  *Street Address  *City  *City  *City  *The control of the	State State	Zip	
BRU Street Address 747  City PROVIDENCE Stanager Name Street Address	NORTH MAIN STI	Zip 02904	**Street Address  *City  *Manager Name  *Street Address  *City  *Address  Address	State State	Zip   Zip	

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



9034
- Zu

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

Date

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

#### **~€** } 5

### LIMITED LIABILITY COMPANY

ID	Number DLLC 99282	Annual Report for the year 2001			
1.	The name of the limited liability comp	pany is:			
	VENTURE WINDOW, LLC.				
2.	The address of the principal office of	the limited liability company is:			
	747 NORTH MAIN STREET,	PROVIDENCE, RI 02904			
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: NEILL B. LYON, ESQ.					
	HODOSH & LYON 1023 POST ROA	D WARWICK RI 02888			
5.	The current mailing address of the lin	mited liability company and the name or title of a person to whom communications			
	may be directed are: <u>BRUCE_SCHU</u>	ILBAUM, MANAGING MEMBER			
	747 NORTH	MAIN STREET, PROVIDENCE, RI 02904			
6.	A brief statement of the character of	of the business in which the limited liability company is actually engaged in this			
state: REPLACEMENT WINDOWS & HOME IMPROVEMENTS					
7.	If the limited liability company has ma	anagers, the name and address of each manager of the limited liability company  Address			
		747 NORTH MAIN STREET, PROVIDENCE, RI 02904			
		•			
Da	ted	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.			
	9 9 2 8 2	VENTURE WINDOW LLC.  Exact Name of Limited Liability Company			
File	FOR SECRETARY OF STATE USE ONLY Date:	By Du J			
Che	ck No.:	— MEMBER Title			
By:	Zu	Form No. 632 Revised 01/99			

**GETACH BOFFOM BEFORE RETURNING** 

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



ID Number DLLC 99282

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

Annual Report for the year 2000

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.

### LIMITED LIABILITY COMPANY

1.	The name of the limited liability company is:
	VENTURE WINDOW, LLC.
2.	The address of the principal office of the limited liability company is:
	747 NORTH MAIN STREET, PROVIDENCE, RI 02904
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: NEILL B. LYON, ESQ.
	HODOSH & LYON 1023 POST ROAD WARWICK RI 02888
5.	The current mailing address of the limited liability company and the name or title of a person to whom communication
	may be directed are: BRUCE SCHULBAUM, MANAGING MEMBERS
	747 NORTH MAIN STREET, PROVIDENCE, RI 02904
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this
	state: REPLACEMENT WINDOWS & HOME IMPROVEMENTS
7.	If the limited liability company has managers, the name and address of each manager of the limited liability company  Name  Address
	BRUCE SCHILBAUM 747 NORTH MAIN STREET PROVIDENCE BI 02004

0	0	2	R	2	

Dated \_\_\_\_\_

9 9 2 8 2	VENTURE WINDOW / 1.LC  FXaq Name of Limited Liability Company
FOR SECRETARY OF STATE USE ONLY File Date: /O/6	By Starfle
Check No.: 3595	MANAGING MENRER
By:	Form No. 632 Revised 01/99

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

IC	Number <u>LL 99282</u>	Annual Report for the year 1999
1.	The name of the limited liability con	npany is:
	VENTURE WINDOW, LLC.	
2.	The address of the principal office of	of the limited liability company is:
	747 NORTH MAIN STREET, PRO	DVIDENCE, RI 02904
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	
	HODOSH & LYON 1023 POST RO	AD WARWICK, RI 02888
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: BRUCE SCH	
		MAIN STREET, PROVIDENCE, RI 02904
6.		of the business in which the limited liability company is actually engaged in this
		NT WINDOWS & HOME IMPROVEMENTS
7.		sanagers, the name and address of each manager of the limited liability company  Address
	BRUCE SCHULBAUM	747 NORTH MAIN STREET, PROVIDENCE, RI 02904
Dat	ted	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.
		VENTURE WINDOW, /LLC.  Exact Name of Limited Liability Company
ile l	FOR SECRETARY OF STATE USE ONLY Date: Q = /() = QQ	By_Duff
hec	sk No.: 4307	MEMBER Title
By:	AMF	Form No. 632