



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 02903-1535
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 99282		2. Exact name of the limited liability company VENTURE WINDOW, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REPLACEMENT WINDOWS & HOME IMPROVEMENTS	
5. Principal office address 859 NORTH MAIN STREET		City PROVIDENCE	State RI
		Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BRUCE SCHULBAUM		Contact Title	
Street Address 859 NORTH MAIN STREET		City PROVIDENCE	State RI
		Zip 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) <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 BRUCE SCHULBAUM		Manager Name	
Street Address 859 NORTH MAIN STREET		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02904		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 NEILL B LYON, ESQ.		Address HODOSH & LYON	
Address 1023 POST ROAD		City WARWICK	Zip 02886

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



File Date	<u>9/12/05</u>	*99282*
Check No.	<u>5491</u>	
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.

Signature of Authorized Person

Date

Bruce Schulbaum

Print or Type Name of Authorized Person

9/7/05



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 99282		2. Exact name of the limited liability company. VENTURE WINDOW, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REPLACEMENT WINDOWS & HOME IMPROVEMENTS	
5. Principal office address 747 NORTH MAIN STREET		City PROVIDENCE	State RI
		Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BRUCE SCHULBAUM		Contact Title	
Street Address 747 NORTH MAIN STREET		City PROVIDENCE	State RI
		Zip 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) <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 BRUCE SCHULBAUM		Manager Name	
Street Address 747 NORTH MAIN STREET		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02904		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 NEILL B LYON, ESQ.		Address HODOSH & LYON	
Address 1023 POST ROAD		City WARWICK	Zip 02888

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



* 9 9 2 8 2 *

File Date 9/22/04
Check No 9464
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

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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 99282		2. Exact name of the limited liability company VENTURE WINDOW, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REPLACEMENT WINDOWS & HOME IMPROVEMENTS	
5. Principal office address 747 NORTH MAIN STREET		City PROVIDENCE	State RI
		Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BRUCE SCHULBAUM		Contact Title	
Street Address 747 NORTH MAIN STREET		City PROVIDENCE	State RI
		Zip 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) <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 BRUCE SCHULBAUM		Manager Name	
Street Address 747 NORTH MAIN STREET		Street Address	
City PROVIDENCE	State RI	City	State
	Zip 02904		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 NEILL B. LYON, ESQ.		Address 1023 POST ROAD	
Address HODOSH & LYON		City WARWICK	Zip 02888

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



9 9 2 8 2

99282 DLL 09/08/03 05:33:35 PM	
File Date	9-17-03
Check No.	8752
By:	2
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.

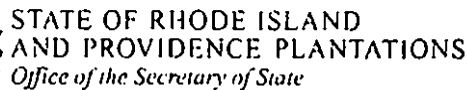
Signature of Authorized Person

Date

BRUCE SCHULBAUM

MANAGING MEMBER

Print or Type Name of Authorized Person



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 99282		2. Exact name of the limited liability company VENTURE WINDOW, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REPLACEMENT WINDOWS & HOME IMPROVEMENTS	
5. Principal office address 747 NORTH MAIN STREET		City PROVIDENCE	State RI
			Zip 02904
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BRUCE SCHULBAUM		Contact Title MANAGER	
Street Address 747 NORTH MAIN STREET		City PROVIDENCE	State RI
			Zip 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) <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 BRUCE SCHULBAUM		Manager Name	
Street Address 747 NORTH MAIN STREET		Street Address	
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE
Manager Name	State	Zip	Manager Name
Street Address	State	Zip	Street Address
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name NEILL B. LYON, ESQ.		Address HODOSH & LYON	
Address 1023 POST ROAD		City WARWICK	Zip 02888

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



File Date 10-2-02
Check No. 9034
By: Er
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

Date _____

BRUCE SCHUBAUM
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 99282

Annual Report for the year 2001

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 communications may be directed are: BRUCE SCHULBAUM, MANAGING MEMBER

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 SCHULBAUM

747 NORTH MAIN STREET, PROVIDENCE, RI 02904

Dated _____



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

By _____

MEMBER

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-29-01

Check No.: 4421

By: [Signature]

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

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 99282

Annual Report for the year 2000

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 communications may be directed are: BRUCE SCHULBAUM, MANAGING MEMBER

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 SCHULBAUM

747 NORTH MAIN STREET, PROVIDENCE, RI 02904

Dated _____



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

By 

MANAGING MEMBER

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10/6

Check No.: 3585

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

ID Number LL 99282

Annual Report for the year 1999

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 communications may be directed are: BRUCE SCHULBAUM, MANAGING MEMBER

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 SCHULBAUM

747 NORTH MAIN STREET, PROVIDENCE, RI 02904

Dated _____



* 9 9 2 8 2 *

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

By _____

MEMBER

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-10-99

Check No.: 4307

By: AMF

Form No. 632
Revised 01/99