



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. 135584		2. Exact name of the limited liability company PIPE DREAMS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island AUTOMOTIVE PARTS	
5. Principal office address 309 SAND POND ROAD		City WARWICK	State RI Zip 02888
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name James Tice Contact Title MEMBER			
Street Address 309 SAND POND ROAD		City WARWICK	State RI Zip 02888
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	Zip	City
Manager Name	Manager Name		
Street Address		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 RICHARD W. NICHOLSON		Address	
Address 300 CENTERVILLE ROAD, SUITE 205 WEST		City WARWICK	Zip 02886

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



1 3 5 5 8 4

File Date	10-31-05
Check No.	2034
By:	JP
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 10/15
JAMES S. TICE
Print or Type Name of Authorized Person



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1. ID No. 135584		2. Exact name of the limited liability company PIPE DREAMS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island AUTOMOTIVE PARTS	
5. Principal office address 1050 Tollgate Road		City WARWICK	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JAMES TICE / ROCHELL TICE		Contact Title	
Street Address 1050 Tollgate Road		City WARWICK	State RI
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	Zip	City
Manager Name	Manager Name		
Street Address		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 RICHARD W. NICHOLSON, ESQ.		Address 300 CENTERVILLE ROAD, SUITE 205	
Address SUMMIT WEST		City WARWICK	Zip 02886-

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



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135584 DLIC 09/28/04 08:05:50 PM	
File Date	10/29/04
Check No.	1296
By:	IS
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.

James Tice 10-23-04
Rochell L. Tice 10-23-04
Signature of Authorized Person Date
JAMES TICE
ROCHELL L. TICE
Print or Type Name of Authorized Person