

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) I. ID No 2. Exact name of the limited liability company 134582 Amaral's Floor Covering, LLC 3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **CARPET INSTALLATION BUSINESS RHODE ISLAND** 5. Principal office address City State Zip 12 Holiday Court Lincoln RI 02865 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Joao C. Amaral Contact Title Member Street Address City State Ζip 12 Holiday Court Lincoln 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) \square ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name N/A Street Address Street Address State Zip On State Zip. Munager Name Manager Name Street Address Street Address State 20 City 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 Address MARIO J. CARNEIRO, CPA Address Zip **577 WARREN AVENUE, SUITE 200 EAST PROVIDENCE** 02914-

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

File Date	D/13/05'134582'	
Check No	//23	
Ву:	<i>b</i>	
	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.

Joan C. Omanas Signature of Authorized Person Date

Print or Type Name of Authorized Person



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2004

(FORM MUST BE TYPE	D OR PRIN	TED IN BIACK,) rung ree. 3,	J02.00						
1. II) No. 134582		2. Exact name of the limited liability company Amaral's Floor Covering, LLC								
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island									
RHODEISLAND Carpet Installation				on Business						
5. Principal office address				City	City State					
12 Holiday Court			Lincoln	RI		65				
6. MAILING ADDI	RESS OF L	IMITED LIAE	HLITY COMPANY AN	ND NAME OR TITLE OF CONTAC	T PERSON:		,	- •		
Contact Name				Contact Tale	•					
Joao C. A	Maral			Member	Member					
12 Holiday Court				^{Cuy} Lincoln	State	RI Zip 028				
		FILL IN S	PACES BEFORE USIN	ED LIABILITY COMPANY, IF AP. NG ATTACHMENTS ("X" BOX FURES FILING OF AMENDMENT, Manager Name	OR ATTACHMENT	7)	6-52			
Street Address		Sinvi Address	Sirvi Addres							
· · —										
City.		State	Zip	City	State		Zip			
Manager Name				Hanager Name	Manager Name					
Street Address				Sinvi Address						
Cuy		State	Zıp	City	State		Zip			
8. RESIDENT AGE! Agent Name	NT IN RHO	DE ISLAND	- DO NOT ALTER - (: Changes require filing of Form <i>Addns</i> s	642 - R.I.G.L. 7-1	6-11	1			
MARIO J. CARNEIRO				577 Warren A	venue-East	Prov.	RI	02914		
68 TAUNTON AVENUE			City EAST PROVIDENCE				21) 02914-			
								_		

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

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File Date	6/05			
Check No	1012			
Ву:	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.

Signifiare of Authorized Person Date

Print or Type Name of Authorized Person