



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 134582		2. Exact name of the limited liability company Amaral's Floor Covering, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CARPET INSTALLATION BUSINESS	
5. Principal office address 12 Holiday Court		City Lincoln	State RI
			Zip 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 12 Holiday Court		City Lincoln	State RI
			Zip 02865
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 N/A		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 MARIO J. CARNEIRO, CPA		Address	
Address 577 WARREN AVENUE, SUITE 200		City EAST PROVIDENCE	Zip 02914

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



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.

File Date	12/13/05	134582*
Check No.	1123	
By:		
FOR SECRETARY OF STATE USE ONLY		

Signature of Authorized Person
Date **12/13/05**
Joao C. Amaral
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
401.222.3010

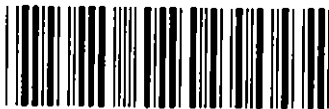
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 134582		2. Exact name of the limited liability company Amaral's Floor Covering, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Carpet Installation Business	
5. Principal office address 12 Holiday Court		City Lincoln	State RI
		Zip 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 12 Holiday Court		City Lincoln	State RI
		Zip 02865	
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 N/A		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 MARIO J. CARNEIRO		Address 577 Warren Avenue-East Prov., RI 02914	
Address 68 TAUNTON AVENUE		City EAST PROVIDENCE	Zip 02914

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



* 1 3 4 5 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.

João C. Amaral
Signature of Authorized Person Date 7/1/05

Joao C. Amaral
Print or Type Name of Authorized Person

File Date	<u>7/6/05</u>
Check No.	<u>1012</u>
By:	<u>DA</u>
FOR SECRETARY OF STATE USE ONLY	