

Motthew A. Brown, Secretory of State Corporations Division 143 W. River Street, Providence, RI 02904-2615 401-222,3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1. ID No. 135292		oct name of the limited liabilty company or Brothers Services, LLC							
3. State of Formatio	n 4. Brief descrip	4. Brief description of the character of the husiness which is actually conducted in Rhode Island							
RHODE ISLAN	ND ISDS SALE	S							
5. Principal office o			City State Zip						
43 WEST GRE	ELEY CIRCLE	WARWICK	RI	02887-					
Lontact Name	DDRESS OF LIMITED	LIABILITY COM	ANY AND NAME OR TITL	E OF CONTACT PE	RSON:				
ireei Address		<del>-</del>	City	State	Zip				
3 WEST GRE	ELEY CIRCLE		WARWICK	RI	02887-				
ANY MODIFICATIONS TO MANAGERS REQU			· Manager Name						
Aanager Name			· Manager Name						
••••••••••••••••••••••••••••••••••••••		<del> </del>	• Manager Name • Street Address						
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City Manager Name  Street Address  City  B. RESIDENT AC	State State State GENT IN RHODE ISLAN	Zıp	**City  **Manager Name  **Street Address  City  City  City	State Form 642 - R.I.G.L. 7	Zip				
Sircei Address  City  Manager Name  Sircei Address  City	State State State GENT IN RHODE ISLAN	Zıp	**City  **Munager Name  **Street Address  **City  **City  **City  **Changes require filling of Address	State Form 642 - R.I.G.L. 7	Zip				

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



*135292 D	LLC 03/07/06 03:11:39 PM*
File Date	3/23/06
Check No.	6854
Ву:	B
FOR SECRET	ARY 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

A

Thomas H. DiPrete

Print or Type Name of Authorized Person



Matthew A. Provin, Severary 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: Septe	mber 1 - 1	November 1 0	Filing Fee: \$50.00					
(FORM MUST BE TYPE	D OR PRIN	(TED IN BLACK)  The limited lia	bilty company	<del></del>		<del></del>		
135292	Filter Br	others Services	, LLC					
3. State of Formation	4.	Brief description of	the character of the husines	s which is actually condi-	icted in Rhode Island			
RHODE ISLAND		ISDS Sale	s and any othe	r lawful purp	ose			
5. Principal office address 43 WEST GREELEY CIRCLE				City WARWICK	Stote RI	<i>Zip</i> 02887-		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPAN Contact Name Richard Pezza				NY AND NAME OR TITLE OF CONTACT PERSON:  *Contact Title				
Street Address				City	State	Zip		
43 West Greele				.Warwick	]RI	02887	-	
/ NAME AND ADD	PRESS OF	FILL IN SPACES	GER OF THE LIMIT BEFORE USING ATTA	ED LIABILITY CO	OMPANY, IF APPLI OX FOR ATTACHMENT)	CABLE		
	ANY MOD		ANAGERS REQUIRES F		л. R.I.G.L 7-16-12 (a) (2	입 / <b>7-16-52</b>		
Manager Name		_		· Manager Name	•	in the second of the second of		
Street Address		. <u></u>		<del>.</del>				
OFFET PROFES				• Street Address				
City	Sic	ale	Zip	*City	State	Zip		
Manager Name			.	·				
manager Hame				*Manager Name				
Street Address				Street Address				
City	1.57	ale	Zip	City	- 10			
			Σφ	•	State	Zip		
8. RESIDENT AGEN	T IN RHO	DE ISLAND-00	NOT ALTER- Change	s require filing o	f Form 642 - RIGL	. 7-16-11		
Agent Name THOMAS H. DIPR				Address			<del></del>	
Address			<del></del>	2 STAFFORD COURT				
71007133				CRANSTON		Zip \		
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This report must be	signed in	ink by an auth	orized person pursua	nt to 7-16-66.				
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		<del>-</del>		Under penalty o	f perjury. I declare and a	offirm that I have examin	ned	
4405000 511 5 45		<del>-</del>	1	this report, inclu	iding any accompanying	schedules and statemen	its.	
*135292 DLLC 09/10/04 10:03:36 AM*				and that all statements confained herein are true and correct.				
File Dote ) 5	105			(	$\mathcal{A} \cap \mathcal{A}$	- 1/12/1114		
Check No. 6	171			Signature of Author	Fized Person	Date		
Bur (	20			Thomas	H. DiPrete			
FOR SECRETARY OF STATE USE ONLY					ne of Authorized Person	<del></del>		
TOR SECRETARY OF S	IVIE O25	UNLI	l	<del>_</del>		<b>.</b>		