



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary 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		2. Exact name of the limited liability company Filter Brothers Services, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ISDS SALES	
5. Principal office address 43 WEST GREELEY CIRCLE		City WARWICK	State RI
			Zip 02887-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name RICHARD PEZZA		Contact Title	
Street Address 43 WEST GREELEY CIRCLE		City WARWICK	State RI
			Zip 02887-
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
State			*State
Zip			*Zip
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
State			*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 THOMAS H. DIPRETE		Address 2 STAFFORD COURT	
Address		City CRANSTON	Zip 02920-

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



1 3 5 2 9 2

135292 DLLC 03/07/06 03:11:39 PM	
File Date	3/23/06
Check No.	6854
By:	<i>[Signature]</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.

Signature of Authorized Person

Date

Thomas H. DiPrete

Print or Type Name of Authorized Person

Agent



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 02903-1333
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. 135292		2. Exact name of the limited liability company Filter Brothers Services, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ISDS Sales and any other lawful purpose	
5. Principal office address 43 WEST GREELEY CIRCLE		City WARWICK	State RI
		Zip 02887-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Richard Pezza		Contact Title	
Street Address 43 West Greeley Circle		City Warwick	State RI
		Zip 02887	
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
State	State	Zip	State
Manager Name	Manager Name	Manager Name	Manager Name
Street Address		Street Address	
City	State	Zip	City
State	State	Zip	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name THOMAS H. DIPRETE		Address 2 STAFFORD COURT	
Address		City CRANSTON	Zip 02920-

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



1 3 5 2 9 2

135292 DLLC 09/10/04 10:03:36 AM	
File Date	7/5/05
Check No.	6471
By:	OA
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

Thomas H. DiPrete

Print or Type Name of Authorized Person