



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. 104092		2. Exact name of the limited liability company Rich Group, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO MANUFACTURE AND SELL PAPER BOXES AND DISPLAYS	
5. Principal office address 75 POCASSET STREET		City JOHNSTON	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ALFRED A. RICCIO		Contact Title MANAGER	
Street Address 75 POCASSET STREET		City JOHNSTON	State RI
		Zip 02919	
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 ALFRED A. RICCIO		*Manager Name RONALD A. RICCIO	
Street Address 75 POCASSET STREET		*Street Address 75 POCASSET STREET	
City JOHNSTON	State RI	Zip 02919	*City JOHNSTON
			*State RI
			*Zip 02919
Street Address		*Street Address	
City	State	Zip	*City
			*State
			*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 JOSEPH A. ANESTA, ESQ.		Address 56 EXCHANGE TERRACE	
Address		City PROVIDENCE	Zip 02903

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



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FILED

104092 DLLC 10/04/05 10:36:51 AM

File Date NOV 02 2005

Check No. BY CMC

By: A81301

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.

Alfred A. Riccio 10/28/05
Signature of Authorized Person Date

ALFRED A. RICCIO, MANAGER
Print or Type Name of Authorized Person



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)

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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO MANUFACTURE AND SELL PAPER BOXES AND DISPLAYS	
5. Principal office address 75 POCASSET STREET		City JOHNSTON	State RI
			Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ALFRED A. RICCIO		Contact Title MANAGER	
Street Address 75 POCASSET STREET		City JOHNSTON	State RI
			Zip 02919-
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 ALFRED A. RICCIO		• Manager Name RONALD A. RICCIO	
Street Address 75 POCASSET STREET		• Street Address 75 POCASSET STREET	
City JOHNSTON	State RI	Zip 02919	• City JOHNSTON
			State RI
			Zip 02919
Manager Name		• Manager Name	
Street Address		• Street Address	
City		• 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 JOSEPH A. ANESTA, ESQ.		Address 56 EXCHANGE TERRACE	
Address		City PROVIDENCE	Zip 02903

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



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104092 DLLC 10/07/04 10:58:51 AM

File Date 10/1/04

Check No. 2592

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

10/28/04
Date

ALFRED A. RICCIO, MANAGER
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 3930

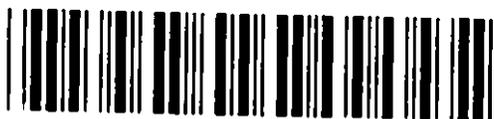
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Main form containing company details: 1. ID No 104092, 2. Exact name of the limited liability company Rich Group, LLC, 3. State of formation RHODE ISLAND, 4. Brief description of the character of the business TO MANUFACTURE AND SELL PAPER BOXES AND DISPLAYS, 5. Principal office address 75 Pocasset Street, Johnston, Rhode Island 02919, 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Alfred A. Riccio, Contact Title, Street Address 75 Pocasset Street, City Johnston, State Rhode Island, Zip 02919, 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52. Manager Name Alfred A. Riccio, Manager Name Ronald A. Riccio, Street Address 75 Pocasset Street, City Johnston, State Rhode Island, Zip 02919, 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11. Agent Name JOSEPH A. ANESTA, ESQ., Address 56 EXCHANGE TERRACE, City PROVIDENCE, Zip 02903

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



* 1 0 4 0 9 2 *

FILED

File Date

DEC 31 2003

Check No.

By C. 153127

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.

60, WY IS 11 10 050

Signature of Authorized Person Alfred Riccio, Date 10/29/03

STATE OF RHODE ISLAND

RECEIVED

Alfred Riccio

Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *104092*		2. Exact name of the limited liability company Rich Group, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO MANUFACTURE AND SELL PAPER BOXES AND DISPLAYS	
5. Principal office address 75 POCASSET STREET		City JOHNSTON	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ALFRED A RICCIO		Contact Title	
Street Address 75 POCASSET STREET		City JOHNSTON	State RI
		Zip 02919-	
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
			Zip
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
			State
			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 CARL I. FREEDMAN, ESQ.		Address ONE PARK ROW, SUITE 300	
Address CHACE RUTTENBERG & FREEDMAN		City PROVIDENCE	Zip 02903

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



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104092 DLLC9/6/0210:21:02 AM

File Date **FILED** 70. 11. 20 E

Check No. NOV 04 2002

By: Alfred Riccio

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.

Alfred Riccio 10/30/02
Signature of Authorized Person Date

Alfred Riccio
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 104092

Annual Report for the year 2001

1. The name of the limited liability company is:

Rich Group, LLC

2. The address of the principal office of the limited liability company is:

75 Pocasset Street, Johnston, RI 02919

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: CARL I. FREEDMAN, ESQ.

CHACE RUTTENBERG & FREEDMAN ONE PARK ROW, SUITE 300 PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Alfred A. Riccio, 75 Pocasset Street

Johnston, RI 02919

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To manufacture and sell paper boxes and displays.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated 11-12-01



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.

Rich Group, LLC
Exact Name of Limited Liability Company

By: [Signature]
Alfred A. Riccio
President
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 11/13/2001
Check No.: 2085
By: [Signature]

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING
Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 104092

Annual Report for the year 2000

1. The name of the limited liability company is:

Rich Group, LLC

2. The address of the principal office of the limited liability company is:

75 Pocasset Street, Johnston, RI 02919

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: CARL I. FREEDMAN, ESQ.

CHACE RUTTENBERG & FREEDMAN ONE PARK ROW PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Alfred A. Riccio, 75 Pocasset Street,

Johnston, RI 02919

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To manufacture and sell paper boxes and displays.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated _____



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.

Rich Group, LLC

Exact Name of Limited Liability Company

By

Alfred A. Riccio
President

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10/13/2000</u>
Check No.:	<u>1863</u>
By:	<u></u>