



**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. 126492		2. Exact name of the limited liability company CHECK MATE SERVICE LINE, L.L.C.			
3. State of Formation R.I.		4. Brief description of the character of the business which is actually conducted in Rhode Island MANUFACTURE OF CHECKS AND DEPOSIT SLIPS FOR RESALE			
5. Principal office address 375 PUTNAM PIKE		City SMITHFIELD	State R.I.	Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ANDREW PULEO			Contact Title MANAGER		
Street Address 375 PUTNAM PIKE		City SMITHFIELD	State R.I.	Zip 02917	
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 ANDREW PULEO			Manager Name		
Street Address 1094 GREAT ROAD			Street Address		
City LINCOLN	State R.I.	Zip 02865	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 MARTIN K. DONOVAN, ESQ.			Address ONE PARK ROW		
Address			City PROVIDENCE, R.I.	State	Zip 02903-1235

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**FILED**

AUG 19 2005

By AME

74833

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

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
by: \_\_\_\_\_  
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.

Andrew Puleo 8/19/05  
Signature of Authorized Person Date  
ANDREW PULEO  
Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

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Contact Name ANDREW PULEO		Contact Title MANAGER	
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		Zip 02917	
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Manager Name ANDREW PULEO		Manager Name	
Street Address 1094 GREAT ROAD		Street Address	
City LINCOLN	State R.I.	City	State
Zip 02865		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 MARTIN K. DONOVAN, ESQ.		Address ONE PARK ROW	
Address		City PROVIDENCE, R.I.	Zip 02903-1235

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By AMF

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By: \_\_\_\_\_  
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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.

Andrew Puleo 8/19/05  
Signature of Authorized Person Date  
ANDREW PULEO  
Print or Type Name of Authorized Person



**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)

1. ID No. <b>126492</b>		2. Exact name of the limited liability company <b>CHECK MATE SERVICE LINE, L.L.C.</b>			
3. State of Formation <b>R.I.</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>MANUFACTURE OF CHECKS AND DEPOSIT SLIPS FOR RESALE</b>			
5. Principal office address <b>375 PUTNAM PIKE</b>		City <b>SMITHFIELD</b>	State <b>R.I.</b>	Zip <b>02917</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>ANDREW PULEO</b>			Contact Title <b>MANAGER</b>		
Street Address <b>375 PUTNAM PIKE</b>		City <b>SMITHFIELD</b>	State <b>R.I.</b>	Zip <b>02917</b>	
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Street Address <b>1094 GREAT ROAD</b>			Street Address		
City <b>LINCOLN</b>	State <b>R.I.</b>	Zip <b>02865</b>	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 <b>MARTIN K. DONOVAN, ESQ.</b>			Address <b>ONE PARK ROW</b>		
Address			City <b>PROVIDENCE, RI</b>	Zip <b>02903-1235</b>	

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**FILED**

**AUG 19 2005**

By AMP

**74833**

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Andrew Puleo 8/19/05  
Signature of Authorized Person Date

**ANDREW PULEO**  
Print or Type Name of Authorized Person

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
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