

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

Matthew A. Brown, Secretary of State

100 North Main Street Providence, RI 02903-1335 401.272.3040

Corporations Division

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR.

Filing Period: September 1 - November 1 - Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) L. ID No. 2. Exact name of the limited liability company 133792 Concordia Manufacturing, LLC 3 State of Formation 4. Brief description of the character of the histness which is actually conducted in Rhode Island MANUFACTURING, CONVERTING, THROWING, AND DISTRIBUTING SILK, RAYON AND SYNTHETIC YARNS USED **RHODE ISLAND** IN THE MANUFACURE OF WOVEN AND KNIT GOODS. 5. Principal office address COVENTRY 4 LAUREL AVE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: SPENCER 4 LAUREL AUR 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 (2) (2) / 7-16-52 Manager Name Manager Name 8. RESIDENT AGENT IN RHODE ISLAND . DO NOT ALTER . Changes require filing of Form 642 . R.I.G.L. 7-16-11 Address **RANDAL SPENCER** Address City Zip **4 LAUREL AVENUE**

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

COVENTRY

File Date _	10/24/05 133792
Check No	114405
<i>By</i> :F0	IR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I hav including any accompanying schedules and statements, contained herein are true and correct.	e examined this report and that all statements
contained herein are true and correct.	
/Kan //	10-7-05
Signature of Authorized Person Date	
PANDAL SPENCER	
Print or Type Name of Authorized Person	

02816-



Sinvi Address

Agent Name

Address

RANDAL SPENCER

4 LAUREL AVENUE

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

MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Corporations Dicision 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

2004

(FORM MUST BE TYPED O			Filing Fee: \$50.00)	•					
1 //2 No. 133792	2. Exact name of the limited hability company Concordia Manufacturing, LLC								
3 State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Manufacturing, Converting, Throwing & Distributing Silk, Rayon and Synthetic Yarns used in the Manufacture of Woven & Knit Goods							
5 Principal office address				City	State	Zip			
4 Laurel Avenue			Coventry	RI	02816				
Contact Name Randal W			I COMPANY AND N	AME OR TITLE OF CONTACT PI Contact Title Manager	ERSON:				
Street Address P.O. Box 151			City West Warwick	State RI	02893				
		FILL IN SPACE	S BEFORE USING AT	IABILITY COMPANY, IF APPLIC ITACHMENTS ("X" BOX FOR FILING OF AMENDMENT, R.L.	ATTACHMENT) 🖂	/ 7-16-52			
Manager Name			Manager Name	Manager Name					
Randal W. Spencer			David Boghossia	David Boghossian					
Street Address		_		Street Address	<u> </u>	 			
P.O. Box 151			P.O. Box 151	P.O. Box 151					
City West Warv		State RI	21p 02893	Gip West Warwick	State RI	<i>Ζφ</i> 02893			
Manager Name			······	· 16					

Manager Name

Street Address

City

Address

COVENTRY

City

David_Staples

P.O. Box 151

West Warwick

State

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



File Date	9	13	04				
Check No. 11268							
Ву:	_	DA					
FOR SECRETARY OF STATE USE ONLY							

Paul O. Boghossian, III

State

RI

Zip

02803

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

P.O. Box 151

West Warwick |

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

09/09/04

Date

Zip.

02893

Randal W. Spencer

Print or Type Name of Authorized Person