



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
401.222.3040

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. 133792 | | 2. Exact name of the limited liability 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, AND DISTRIBUTING SILK, RAYON AND SYNTHETIC YARNS USED IN THE MANUFACTURE OF WOVEN AND KNIT GOODS. | | | |
| 5. Principal office address 4 LAUREL AVE | | City COVENTRY | State RI | Zip 02816 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name RANDAL SPENCER | | Contact Title CEO | | | |
| Street Address 4 LAUREL AVE | | City COVENTRY | State RI | Zip 02816 | |
| 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 RANDAL W. SPENCER | | Manager Name DAVID BOGHOSSIAN | | | |
| Street Address PO BOX 151 | | Street Address PO BOX 151 | | | |
| City WEST WARWICK | State RI | Zip 02893 | City WEST WARWICK | State RI | Zip 02893 |
| Manager Name PAUL O. BOGHOSSIAN | | Manager Name DAVID STAPLES | | | |
| Street Address PO BOX 151 | | Street Address P.O. BOX 151 | | | |
| City WEST WARWICK | State RI | Zip 02893 | City WEST WARWICK | State RI | Zip 02893 |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |
| Agent Name RANDAL SPENCER | | Address | | | |
| Address 4 LAUREL AVENUE | | City COVENTRY | Zip 02816 | | |

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



| | | |
|---------------------------------|----------|----------|
| File Date | 10/24/05 | *133792* |
| Check No. | 114403 | |
| By: | CXC | |
| 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 10-7-05
RANDAL SPENCER
Print or Type Name of Authorized Person



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| 1. ID No. 133792 | | 2. Exact name of the limited liability 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 4 Laurel Avenue | | City Coventry | State RI | Zip 02816 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Randal W. Spencer | | Contact Title Manager | | | |
| Street Address P.O. Box 151 | | City West Warwick | State RI | Zip 02893 | |
| 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 Randal W. Spencer | | Manager Name David Boghossian | | | |
| Street Address P.O. Box 151 | | Street Address P.O. Box 151 | | | |
| City West Warwick | State RI | Zip 02893 | City West Warwick | State RI | Zip 02893 |
| Manager Name Paul O. Boghossian, III | | Manager Name David Staples | | | |
| Street Address P.O. Box 151 | | Street Address P.O. Box 151 | | | |
| City West Warwick | State RI | Zip 02803 | City West Warwick | State RI | Zip 02893 |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |
| Agent Name RANDAL SPENCER | | Address | | | |
| Address 4 LAUREL AVENUE | | City COVENTRY | | Zip 02816 | |

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



* 1 3 3 7 9 2 *

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

Randal W. Spencer
Print or Type Name of Authorized Person

| | |
|---------------------------------|---------|
| File Date | 9/13/04 |
| Check No. | 112681 |
| By: | DA |
| FOR SECRETARY OF STATE USE ONLY | |