



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. 104591		2. Exact name of the limited liability company CORPORATE SCENOGRAPHICS, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DESIGN OF THEATRICAL SCENERY FOR BUSINESS CONVENTIONS AND MEETINGS	
5. Principal office address 125 STEAMBOAT AVENUE		City WICKFORD	State RI
			Zip 02852-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name THOMAS M CARIELLO		Contact Title	
Street Address 125 STEAMBOAT AVENUE		City WICKFORD	State RI
			Zip 02852-
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 Thomas M. Cariello		• Manager Name	
Street Address 125 Steamboat Avenue		• Street Address	
City Wickford	State RI	City	State
	Zip 02852		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 MARC A. GREENFIELD, ESQ.		Address ONE SHIP STREET	
Address		City PROVIDENCE	Zip 02903

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



1 0 4 5 9 1

104591 DLLC 10/05/05 03:38:10 PM

File Date 11-4-05

Check No. 7898

By: AMF

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

10-28-05

Date

Thomas M. Cariello

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
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401.222.3040

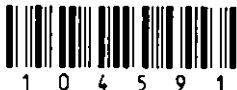
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 104591		2. Exact name of the limited liability company CORPORATE SCENOGRAPHICS, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DESIGN OF THEATRICAL SCENERY FOR BUSINESS CONVENTIONS AND MEETINGS	
5. Principal office address 125 STEAMBOAT AVENUE		City WICKFORD	State RI Zip 02852-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name THOMAS M CARIELLO		Contact Title	
Street Address 125 STEAMBOAT AVENUE		City WICKFORD	State RI Zip 02852-
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 Thomas M. Cariello		Manager Name	
Street Address 125 Steamboat Avenue		Street Address	
City Wickford	State RI	Zip 02852	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 MARC A. GREENFIELD, ESQ.		Address ONE SHIP STREET	
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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104591 DLLC 10/01/04 01:46:49 PM	
File Date	12/9/04
Check No	6893
By	W
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

THOMAS CARIELLO

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
401-222-3040

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 104591		2. Exact name of the limited liability company CORPORATE SCENOGRAPHICS, LLC.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DESIGN OF THEATRICAL SCENERY FOR BUSINESS CONVENTIONS AND MEETINGS			
5. Principal office address 125 Steamboat Avenue		City Wickford	State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Thomas M. Cariello		Contact Title			
Street Address 125 Steamboat Avenue		City Wickford	State RI	Zip 02852	
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 Thomas M. Cariello		Manager Name			
Street Address 125 Steamboat Avenue		Street Address			
City Wickford	State RI	Zip 02852	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 MARC A. GREENFIELD, ESQ.		Address			
Address ONE SHIP STREET		City PROVIDENCE		Zip 02903	

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



File Date	10/20/03
Check No	5758
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

Signature of Authorized Person
Date **10-14-03**
Thomas M. Cariello
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. 104591		2. Exact name of the limited liability company CORPORATE SCENOGRAPHICS, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DESIGN OF THEATRICAL SCENERY FOR BUSINESS CONVENTIONS AND MEETINGS	
5. Principal office address 125 Steamboat Avenue		City Wickford	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Thomas M. Cariello		Contact Title .	
Street Address 125 Steamboat Avenue		City Wickford	State RI
		Zip 02852	
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 Thomas M. Cariello		Manager Name .	
Street Address 125 Steamboat Avenue		Street Address .	
City Wickford	State RI	City .	State .
Zip 02852		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 MARC A. GREENFIELD, ESQ.		Address .	
Address ONE SHIP STREET		City PROVIDENCE	Zip 02903

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



* 1 0 4 5 9 1 *

File Date	10.4.02
Check No.	4385
By:	TC
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

9-28-02

Date

Thomas M. Cariello
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 104591

Annual Report for the year 2001

1. The name of the limited liability company is: -
CORPORATE SCENOGRAPHICS, LLC.
2. The address of the principal office of the limited liability company is:
125 Steamboat Avenue, Wickford, RI 02852
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: MARC A. GREENFIELD, ESQ.
ONE SHIP STREET 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: Thomas M. Cariello
125 Steamboat Avenue, Wickford, RI 02852
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Design of theatrical scenery for business conventions and meetings.
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Thomas M. Cariello</u>	<u>125 Steamboat Avenue, Wickford, RI 02852</u>
<u></u>	<u></u>
<u></u>	<u></u>

Dated March 20, 2002



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.

Corporate Scenographics, LLC

Exact Name of Limited Liability Company

By

Thomas M. Cariello, Managing Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 3.25.02

Check No.: 3748

By: du

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

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 104591

Annual Report for the year 2000

1. The name of the limited liability company is:

CORPORATE SCENOGRAPHICS, LLC.

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

125 Steamboat Avenue, Wickford, RI 02852

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: MARC A. GREENFIELD, ESQ.

ONE SHIP STREET 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: Thomas M. Cariello

125 Steamboat Avenue, Wickford, RI 02852

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Design of theatrical scenery for business conventions and meetings.

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

Name

Address

Thomas M. Cariello

125 Steamboat Avenue, Wickford, RI 02852

Dated



1 0 4 5 9 1

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.

Corporate Scenographics, LLC

Exact Name of Limited Liability Company

By

Thomas M. Cariello
Managing Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 1-11-01

Check No.: 2801

By: AME

Form No. 632
Revised 01/99