

Matthew A. Brown, Secretary of State Carporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

Form 632 Rev. 6/02

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fec: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company 104591 CORPORATE SCENOGRAPHICS, LLC. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island DESIGN OF THRATRICAL SCENERY FOR BUSINESS CONVENTIONS AND MEETINGS RHODE ISLAND 5. Principal office address Cirv State Zip 125 STEAMBOAT AVENUE WICKFORD RI 02852-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title THOMAS M CARIELLO Street Address City State 125 STEAMBOAT AVENUE . WICKFORD RI 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) \square ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Thomas M. Cariello Street Address · Street Address 125 Steamboat Avenue State ·Cirv State Zip Wickford RI 02852 Manager Name Manager Name Street Address *Street Address 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 Address MARC A. GREENFIELD, ESQ. ONE SHIP STREET Address City Zip **PROVIDENCE** 02903 This report must be signed in ink by an authorized person pursuant to 7-16-66. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, *104591 DLLC 10/05/05 03:38:10 PM* and that all statements contained herein are true and correct. File Date 10-28-05 Check No. Signature of Authorized Person Thomas M. Cariello Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY



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

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

1. <i>ID No</i> . 104591		Habilty company			
	CORPORATE SCEN	, , ,	D .		
State of Formation			usiness which is actually conduct		
RHODE ISLAN	1D DESIGN OF T	HEATRICAL SCENE	RY FOR BUSINESS CONVI	ENTIONS AND MR	ETINGS
Principal office a			City	State	Zip
25 STEAMBO	AT AVENUE		WICKFORD	RI	02852-
	ddress of Limited Li	ABILITY COMPAN		S OF CONTACT	PERSON:
intact Name HOMAS M CA	RIELLO		Contact Title		
reet Address			Cirv	State	Zip
5 STEAMBOA	AT AVENUE		WICKFORD	RI	C2852-
NAME AND A	ADDRESS OF EACH MAR				
			ATTACHMENTS () ("X" BOX ES FILING OF AMENDMENT.		
nager Name			• Manager Name		(2)) 1-10-02
Thomas N	M. Cariello		:		
reet Address			· Street Address		
145 Stea	amboat Avenue	Tor.	•		ie .
w Wickford	i Stote RI	^{Ζίρ} 02852	*City	State	Zıp
anager Name	" J *	. 1.020.32	Manager Name		
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reet Address		-	•Street Address		
Ù.	State	Zφ	City	State	Zip
			•		
RESIDENT AG	GENT IN RHODE ISLAND	DO NOT ALTER- Cha		Form 642 - RJ.G	L. 7-16-11
			Address ONE SHIP STRE	D/F	
	ENFIELD ESO			E I	
MARC A. GREI	ENFIELD, ESQ.				Zip
IARC A. GREI	ENFIELD, ESQ.		City		Zip
IARC A. GREI	ENFIELD, ESQ.				<i>Z₁p</i> 02903
IARC A. GREI		uthorized person pu	PROVIDENCE		1
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MARC A. GREI		uthorized person pu	PROVIDENCE PROVIDENCE PROVIDENCE PROVIDENCE Providence Under penalty of public report, including	perjury, I declare and	02903
MARC A. GREI	be signed in ink by an a	uthorized person pu	PROVIDENCE PROVIDENCE PROVIDENCE PROVIDENCE Providence Under penalty of public report, including	perjury, I declare and	affirm that I have examined ag schedules and statements,
is report must	be signed in ink by an a	uthorized person pu	PROVIDENCE PROVIDENCE Under penalty of this report, includand that all states	perjury, I declare and	affirm that I have examined ag schedules and statements,
is report must	be signed in ink by an a	uthorized person pu	PROVIDENCE PROVIDENCE Under penalty of this report, includand that all states	nerjury, I declare and ing any acompany i this contained herei	affirm that I have examined ag schedules and statements,



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

Matthew A. Brown, Secretary of State

Corporations Diesson 100 North Main Street Providence, RI 02903-1335 401-222-3040

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

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

7 //2 No 104591	2 Exact vame of the limited CORPORATE S	d leability company CENOGRAPHICS, LLC.	·			
3 State of Formation	4 Brief description	n of the character of the busine	ss which is actually conducted in Rhoc	de Island		
RHODE ISLAND	DESIGN OF	THEATRICAL SCENERY F	OR BUSINESS CONVENTIONS	S AND MEETINGS		
5 Principal office address			Gity	State	Zφ	
125 Steamboat Avenue			Wickford	RI	02852	
	SS OF LIMITED LIABI	LITY COMPANY AND NA	AME OR TITLE OF CONTACT	PERSON:	•	
Contact Name	M. Garatali		Contact Tule			
Short Address	M. Cariello	<u> </u>	<u> </u>			
	eamboat Avenu	ı e	Wickford	State RI	^{Ζφ} 02852	
			:	1	02032	
	FILL IN SPA	ACES BEFORE USING AT	IABILITY COMPANY, IF APP ITACHMENTS - ("X" BOX FO	OR ATTACHMENT) 🔲		
AN	Y MODIFICATIONS TO	MANAGERS REQUIRES	FILING OF AMENDMENT, R	.I.G.L. 7-16-12 (a) (2) / 7-16-52	
Manager Name			Manager Name			
Thomas M. Cariello						
125 Steamboat Avenue			Street Address			
Wickfo	rd Sime	^{2/p} 02852	Cdy	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
 						
City	State	Z:p	Cit;	State	Z.p	
8. RESIDENT AGEN	I T IN RHODE ISLAND -	DO NOT ALTER - Chan	eges require filing of Form	 642	1	
Agent Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address	012 · K.I.W.I / · I O · I I	•	
MARC A. GREENFIEL	D, ESQ.					
Address ONE SHIP STREET			CHY DROUBLING	Zap		
			PROVIDENCE		12903 	

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

* 1 0 4 5 9 1	
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File Date 10/20/03
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

Mar M July

10-14-03

Date

Thomas M. Cariello

Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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) I. ID No. 2. Exact name of the limited liability company 104591 CORPORATE SCENOGRAPHICS, LLC. 3. State of Formation 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 RHODE ISLAND 5. Principal office address City Zip 125 Steamboat Avenue Wickford RI 02852 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Thomas M. Cariello Street Address City State 125 Steamboat Avenue Wickford RI 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 ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name *Manager Name Thomas M. Cariello Street Address * Street Address 125 Steamboat Avenue Cin State City State Zip Wickford RI 02852 Manager Name Manager Name Street Address Street Address City 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 tgent Name Address MARC A. GREENFIELD, ESQ. Address City Zip ONE SHIP STREET PROVIDENCE 02903

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



File Date	10.4/.02
Check No.	4385
Ву:	de
FOR SECRET	ARY 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 confined herein are true and prect.

and that all statements condined herein are true and the

Signature of Authorized Person

Date

9-28-02

Thomas M. Cariello
Print or Type Name of Authorized Person

Filing Fee: \$50.00

By:

To be filed annually between September 1 and November 1

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Form No. 632

Revised 01/99



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 comp	pany is: -
	CORPORATE SCENOGRAPHICS, I	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 t	the laws of which it is formed is RHODE ISLAND
4.	The name and address of its residen	at agent is: MARC A. GREENFIELD, ESQ.
	ONE SHIP STREET PROVIDENCE	RI 02903
5.	The current mailing address of the lin	mited liability company and the name or title of a person to whom communications
	may be directed are: Thomas M	. Cariello
	125 Stea	mboat Avenue, Wickford, RI 02852
6.	A brief statement of the character of	of the business in which the limited liability company is actually engaged in this
	state: Design of theatric	al scenery for business conventions and meetings.
7.	If the limited liability company has ma	anagers, the name and address of each manager of the limited liability company Address
	Thomas M. Cariello	125 Steamboat Avenue, Wickford, RI 02852
Dat	ted 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 Limiter Liability Company
	FOR SECRETARY OF STATE USE ONLY	Shown Mill
ile	Date: 5.25.02	By / MINOPIN (coffin
	ck No.: 3742	Thomas M. Cariello, Managing Member Title

DETACH BOTTOM BEFORE RETURNING

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

Revised 01/99



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		
The name of the limited liability company is:				
	CORPORATE SCENOGRAPHICS, LI	LC.		
2. The address of the principal office of the limited liability company is:				
	125 Steamboat Avenue. V	Nickford, 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 limit	ited liability company and the name or title of a person to whom communications		
	may be directed are: Thomas M.	. Cariello		
	125	mboat Avenue, Wickford, RI 02852		
	state: Design of theatrica	the business in which the limited liability company is actually engaged in this all scenery for business conventions and meetings. nagers, the name and address of each manager of the limited liability company Address		
	Thomas M. Cariello	125 Steamboat Avenue, Wickford, RI 02852		
Dat	med for 2/100/	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 Mability Company		
ile i	FOR SECRETARY OF STATE USE ONLY Date: /- //-0/ Sk No.: 280/	Thomas M. Cariello Managing Member Tite		
		Form No. 632		