	omee at 401•.	223-5040, oi	r from our web s	nual report was mai ag fee, if any, musi ite at www.state.riu	ь. Г	RETAIN	m 642 may be ob	carue
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96193	SLOCUM E	QUIPMENT, ()	NC., LLC.					
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Manager Name  State Address  G. 13 5  G. 5  Monager Name			AND ENGLISH	Sirves Address  City  City	SLOCUL	SHALL ROAL	20287	4
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## 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 \_

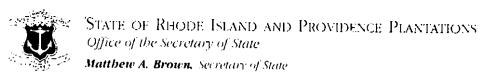
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(FORM MUST BE TYPED)		• Filing Fee: \$50,00				
1. ID No. 96193	2 Exact name of the limited liability company					
3 State of Formation	4. Brief description	of the character of the hustnes	s which is actually conducted in Rhode Isla	nd		
RHODE ISLAND		HING EQUIPMENT SALES				
5 Principal office address	0 0	<u> </u>	City	State	ZUp	
613 5/00	in Roca		Consocitan	0-	1	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					1028/4	
Contact Name	<b>^</b> .		Contact Title	3011.		
icha Ke	Qcha 3		M			
Street Address	^		City	State	Zip	
613 Slac	um Road		Scholerby	RI	(J) 874	
7. NAME AND ADDR			ABILITY COMPANY, IF APPLICA			
ANY	FILL IN SPA MODIFICATIONS TO	CES BEFORE USING AT	TACHMENTS ("X" BOX FOR A) FILING OF AMENDMENT, R.I.G.	TTACHMEN	7) []	
Manager Name	_	PRINTERS REQUIRES	•	L. 7-16-12 (	a) (2) / 7-16-52	
John B	relsha.		Manager Name SAMAIV THA	BRAI	1 SHA W	
Street Address			Street Address			
<u>613 5400</u>	UM ROAD		_ 613 SLOCUM	POAL	)	
City	State	Zφ - 2.27 /	City	State	Zip	
SHUN AFRS/OU		C2874	SAUNDERSTOWN	/	21 02874	
Manager Name			Manager Name	•••••••		
Street Address		<del></del>	Street Address		_ <del></del>	
				•		
City	State	Zip	City	State	Zip	
8 DESIDENT ACENT	IN BUODE ter and	1	•			
Agent Name	IN KHODE ISLAND	DO NOT ALTER - Chanj	ges require filing of Form 642 -	R.I.G.L. 7-	16-11	
JERRY L. MCINTYRE,	ESQ.		SKOLNIK, MCINTYRE & TATE E	SKOLNIK, MCINTYRE & TATE ESQUIRES		
Address		<u> </u>	City		Zup	
321 SOUTH MAIN STR	EET		PROVIDENCE		02903	
<u> </u>		· · · · · · · · · · · · · · · · · · ·	<del></del>		<u></u>	

This report must be signed in ink	by an authorized person pursuant to R.I.G.L. 7-16-66.
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4. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	Under penalty of perjury, I declare and affir including any accompanying schedules and
File Date 10/0 04	contained herein are true and correct.
Check No. SSO9	Signifure of Authorized Person
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Under penalty of perjury, I declare and affirm	that I have examined this report,
including any accompanying schedules and sta	
contained herein are true and correct.	
* de la	( 9/W

Print or Type Name of Authorized Person



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 BIACK)

1 ID No	2 Exact name of the limited hability company					
96193	SLOCUM EQUIP	SLOCUM EQUIPMENT, INC., LLC.				
3 State of Fermation	4 Brief description	n of the character of the busine	ss which is actually conducted in Rhode Isla	ınd	··· - · · · · · · · · · · · · · · · · ·	
RHODE ISLAND	PAINT FINISH	ING EQUIPMENT SALES	REPRESENTATIVES			
3 Principal ornice address			City	State	, Zip	
125 516	EAMBOAT 1	AVENUE	NORTH KINGSTOWI	$V \mid \mathcal{R}_{\lambda}$	02852	
6. MAILING ADDRE	SS OF LIMITED LIABIL	ATY COMPANY AND N	AME OR TITLE OF CONTACT PE		'	
Contact Name			Contact Tule			
JOHN BR	ADSHOW		PRESIDENT			
Street Address		<u> </u>	City	State	·   Zip	
613 5200	COM RS.		SAUNDER STOWN	/5/	02874	
7. NAME AND ADDE	RESS OF EACH MANAG	ER OF THE LIMITED L	IABILITY COMPANY, IF APPLICA	ABLE	1 -	
	FILL IN SPA	CES BEFORE USING AT	ITACHMENTS ("X" BOX FOR A	TTACHMENT	) <b>—</b>	
ANY	Y MODIFICATIONS TO	MANAGERS REQUIRES	FILING OF AMENDMENT, R.I.G	.L. 7-16-12 (a	n) (2) / 7-16-52	
Manager Name			Manager Name			
_ SAMANTI	YA BRADSI	HOW				
Street Address			Street Address			
6/3 SLOCC	IM RS.		:			
City	State	Zip	City	State	Zψ	
SAUNGERSTOW	N PI	02874			"*	
Manager Name		••••••••••••	Manager Name	• • • • • • • • • • • • • • • • • • • •		
<u> </u>						
Street Address		<del></del>	Mreet Address			
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Cd1	State	Zφ	Сиу	State	Zip	
O DECEMBER ASSESSED	 	1			<b>,</b>	
8. RESIDENT AGENT Agent Name	IN RHODE ISLAND -	DO NOT ALTER - Chan	ges require filing of Form 642	R.I.G.L. 7-1	6-11	
·-			Address			
JERRY L. MCINTYRE, E	ESQ.		SKOLNIK, MCINTYRE & TATE	SKOLNIK, MCINTYRE & TATE ESQUIRES		
Address			City		Zip	
321 SOUTH MAIN STRE	ET		PROVIDENCE	į	02903	
	· · · · · · · · · · · · · · · · · · ·		· <del></del>	· · · · · · · · · · · · · · · · · · ·	<u></u>	

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

	* 9 6 1 9 3 *
File Date Check No	- 924 B - 7920 - d
FO	R SECRETARY OF STATE USE ONLY

Under penalty	of perjury, I declare any affice	n that I have examined this report, statements, and that all statements,
contained here	in are true/any correct	statements, and that all statements,
	1/18	
Stepature of Aut	hori, Val Person	Date
JOHN	BRADSHOW	09 -17-2003
Pena or Type N.	ame of Authorized Person	



Edward S. Inman, 111, 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

(FORM MUST BE TYPE	FN OP PRINTED IN RI		7.00		
1. ID No.	2. Exact name of the li	MCR)	<del></del>	<del></del>	
96193	96193 SLOCUM EQUIPMENT, INC., LLC.				
3. State of Formation	4. Brief descri	otion of the character of the	husiness which is actually con	ducted in Rhode Island	
RHODE ISLAND	PAINT FINI	SHING EQUIPMENT SAL	ES/REPRESENTATIVES		
5. Principal office addre			City	State	Zip
	613 Slace	n Road	Shunders	Town RI	02874
6. MAILING ADDI	RESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TI	TLE OF CONTACT PERS	ON:
Cantact Name		shaw It		dent	
Street Address	<u> </u>	Ame	City	State	Zip
		TIVI C	•		
/.NAME AND ADD	RESS OF EACH MA	NAGER OF THE LIN	MITED LIABILITY CO	MPANY, IF APPLICABLE	
	FULL IN SI	ACES BEFORE USING	ATTACHMENTS ("X"	BOX FOR ATTACHMENT	•
	ANY MODIFICATIONS	TO MANAGERS REQUI	RES FILING OF AMENDME	NT. R.I.G.L 7-16-12 (a) (2) / 7	'-16-52 ·
Manager Nume	SAM.	e	• Manager Name		
Street Address	<u> </u>		* Street Address	<u> </u>	· · · · · · · · · · · · · · · · · · ·
			•		
City	State	Zip	City	State	17:
		'	•	onane .	Zip
Manager Name	• • • • • • • • • •		Manager Name		J
			•		
Street Address			·Street Address		
			•		
City	State	Zip	City	State	Zip
	<u> </u>	.	•		
8. RESIDENT AGEN	T IN RHODE ISLAN	D-DO NOT ALTER- Ch	inges require filing o	of Form 642 - R.I.G.L. 7-16	
4 4 8/			Address		
lgent Name			CKUI NIK MUINTAN	E & TATE ESQUIRES	
gent Name JERRY L. MCINTYRE, I	ESQ.		ISNULIIIN. MILINI FR		
sgent Hume	ESQ.	<del></del>			<del></del>
JERRY L. MCINTYRE, I	<del></del>		City  PROVIDENCE	Zip	2903

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



	9.14.02
File Date	
Check No.	7372
В <u>у:</u>	de
FOR SECRETA	RY OF STATE USE ONLY

$\Lambda$
Under penalty of perjury, I declare and affirm that I have examined his report, including any accompanying schedules and statements, and that all statements contained legein are true and correct.
his report, including any accompanying schedules and statements,
and that all statements comained depein are true and correct.
2/13/cz
Signature of Authorized Person Date
John & Bradshaw II
rint or type Name of Authorized Person
Form 632 Rev. 6/02

# To be filed annually between September 1 and November 1

ration s

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 96193	Annual Report for the year 2001
1.	The name of the limited liability company is:	
	SLOCUM EQUIPMENT, INC., LLC.	
2.	The address of the principal office of the lim	ited liability company is:  Saunderstown RT 02874
3.	The state or other jurisdiction under the laws	
4.	is: JERRY L. MCINTYRE, ESQ.	
	SKOLNIK, MCINTYRE & TATE ESQUIRES	321 SOUTH MAIN STREET PROVIDENCE RI 02903
5.	may be directed are: 1013 Stor	ability company and the name or title of a person to whom communications  LUM LO  DUN RE 02874
6.		ousiness in which the limited liability company is actually engaged in this
		wing Equipment to the finishing indust
7.		s, the name and address of each manager of the limited liability company  Address
Dat	red <u>Peptember 28, 200 L</u>	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.    Statements   Chapter   Company   Exact Name of Limited Liability Company   C
	FOR SECRETARY OF STATE USE ONLY Date: (0 - (7 - (2) /	Ву

6793

Check No.:

By:

# 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	96193
	114111111111111111111111111111111111111		<del></del>

ID	Number DLLC 96193	Annual Report for the year 2000	
1.	The name of the limited liability compar	ny is:	
	SLOCUM EQUIPMENT, INC., LLC.		
2.	The address of the principal office of the	Saunde stown BT 02874	
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: JERRY L. MCINTYRE, ESQ.		
	SKOLNIK, MCINTYRE & TATE ESQUI	RES 321 SOUTH MAIN STREET PROVIDENCE RI 02903	
5. The current mailing address of the limited liability company and the name or title of a person to whom commun			
	may be directed are: John E.	Bradshaw IV Resident	
	-( 00	understown, PT 008=721	
6. A brief statement of the character of the business in which the limited liability company is actually engaged in			
	. ^ ~	nt Finishing Equipment	
7.	U V	igers, the name and address of each manager of the limited liability company  Address	
,	SAMONTH A BRIGHOW	<u>SAMe</u>	
Dat	500 Sept. 11, 2000	Under penalty of perjury, I declare and affirm that I have examined this	
	IE IEIJE ZIJEL JARDE IRTEE III	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.	
	9 6 1 9 3	Slocum Equipment, INC., LLC.	
		Exact Name of Limited Liability Company	
	FOR SECRETARY OF STATE USE ONLY Date: ///	Ву	
Chec	ek No.: (0/90	President	
	3	Title Form No. 632	

#### 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

AUG 2.6 พพษ

### LIMITED LI

LIMITED LIABILITY COMPANY				
ID	Number <u>LL</u> 9 <u>6193</u>	Annual Report for the year 1999		
1.	The name of the limited liability company is	:		
2.	The address of the principal office of the lin	nited liability company is:  Shunderstein RI 02874		
3.	The state or other jurisdiction under the law	s of which it is formed is RHODE ISLAND		
4.	The name and address of its resident agen SKOLNIK, MCINTYRE & TATE ESQUIRES	t is: JERRY L. MCINTYRE, ESQ. 321 SOUTH MAIN STREET PROVIDENCE, RI 02903		
5.		ability company and the name or title of a person to whom communications  12 Fad Shaw Slocum Equipment, Inc. 613 Slocum Road		
6.	A brief statement of the character of the to state: Paint Finishing	Saunderstown, Rt 02874 Dusiness in which the limited liability company is actually engaged in this  EQUIPMENT Sales / Refresenatives		
7	If the limited liability company has managered Name  John EBSGdShawtod  SAMantha Bradshaw	s, the name and address of each manager of the limited liability company  Address  SAMC  5 Ame		
Date	ed 9/1/99 * 9 6 1 9 3 *	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.  Socure Equipment Inc. Lic Exact Name of Limited Liability Company		
ile E	OR SECRETARY OF STATE USE ONLY  Oate: 9-8-99  (No.: 5556  AMF	By John E Bradshaw HT  Member / onner  Title  Form No. 632  Revised 01/99		

AUG 2.6 1998

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

## LIMITED LIABILITY COMPANY

LIMITED LIABILITY COMPANY			
ID	Number <u>LL 96193</u>	Annual Report for the year 1998	
1.	The name of the limited liability company	is:	
	SLOCUM EQUIPMENT, INC., LLC.		
2.	The address of the principal office of the 125 STeambos 7	limited liability company is:  ORUC WICKFOOD RIC2574	
3.	The state or other jurisdiction under the la	aws of which it is formed is RHODE ISLAND	
4.	The name and address of its resident age	ent is: JERRY L. MCINTYRE, ESQ.	
SKOLNIK, MCINTYRE & TATE ESQUIRES 321 SOUTH MAIN STREET PROVIDENCE, RI 02903			
5.			
	communications may be directed are:	IN E Rocalshawat	
	A brief statement of the character of the business in which the limited liability company is actually engaged in this state: EQURNENT Refresentation & Scales		
7.	Same Man7ha Rochhaw	ers, the name and address of each manager of the limited liability company  Address	
,	- 1000/1GW	SCMC	
Date	nd 9/1, 1998	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and	
	* 9 6 1 9 3 *	that all statements contained herein are true and correct.  Socretion of Limited Liability/Company	
File D	002	By E DUE	
Ву:	w	Owner / member	