

Upon completion, please detach and mail the annual report below including payment in the amount of \$50.00 made payable to Secretary of State. If the resident agent to whom the annual report was mailed has changed and/or the address of the resident agent has changed, Form 642, along with the appropriate filing fee, if any, must be filed in this office. Form 642 may be obtained by contacting this office at 401-222-3040, or from our web site at [www.state.rh.us](http://www.state.rh.us).

1953

RETAIN FOR YOUR RECORDS	
ID#	96193
SLOCUM EQUIPMENT, INC., LLC.	
CHECK NUMBER	
DATE	

DETACH HERE

SLOCUM EQUIPMENT, INC., LLC.  
c/o MICHAEL BRIER  
381 WICKENDEN STREET  
PROVIDENCE, RI 02903



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 02905-1331  
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# 96193		2. Exact name of the limited liability company SLOCUM EQUIPMENT, INC., LLC.											
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PAINT FINISHING EQUIPMENT SALES/REPRESENTATIVES											
5. Principal office address 613 Slocum Road Sunderstown RI 02874		6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF STATE OF CONTACT PERSON Contact Name: John Bradshaw Contact Title: Manager Street Address: 613 Slocum Road City: Sunderstown RI 02874											
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS (7X BOX FOR ATTACHMENT) IF ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12(a)(2) 7-16-12		<table border="1"> <tr> <td>Manager Name</td> <td>JOHN BRADSHAW</td> </tr> <tr> <td>Street Address</td> <td>613 SLOCUM ROAD</td> </tr> <tr> <td>City</td> <td>SAUNDERSTOWN</td> </tr> <tr> <td>State</td> <td>RI</td> </tr> <tr> <td>Zip</td> <td>02874</td> </tr> </table>		Manager Name	JOHN BRADSHAW	Street Address	613 SLOCUM ROAD	City	SAUNDERSTOWN	State	RI	Zip	02874
Manager Name	JOHN BRADSHAW												
Street Address	613 SLOCUM ROAD												
City	SAUNDERSTOWN												
State	RI												
Zip	02874												
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT WRITE - Change requires filing of Form 642, R.I.G.L. 7-16-12		<table border="1"> <tr> <td>Agent Name</td> <td>MICHAEL BRIER</td> </tr> <tr> <td>Address</td> <td>381 WICKENDEN STREET</td> </tr> <tr> <td>City</td> <td>PROVIDENCE</td> </tr> <tr> <td>Zip</td> <td>02903</td> </tr> </table>		Agent Name	MICHAEL BRIER	Address	381 WICKENDEN STREET	City	PROVIDENCE	Zip	02903		
Agent Name	MICHAEL BRIER												
Address	381 WICKENDEN STREET												
City	PROVIDENCE												
Zip	02903												

FILED

DEC 01 2005

By Kme  
C 83688

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

File No.	96193
Check No.	
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 exhibits, and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 96193		2. Exact name of the limited liability company SLOCUM EQUIPMENT, INC., LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PAINT FINISHING EQUIPMENT SALES/REPRESENTATIVES	
5. Principal office address 613 Slocum Road		City Sunderstown	State RI
		Zip 02874	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John Bradshaw		Contact Title Manager	
Street Address 613 Slocum Road		City Sunderstown	State RI
		Zip 02874	
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 John Bradshaw		Manager Name SAMANTHA BRADSHAW	
Street Address 613 SLOCUM ROAD		Street Address 613 SLOCUM ROAD	
City SAUNDERSTOWN	State RI	City SAUNDERSTOWN	State RI
Zip 02874		Zip 02874	
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 JERRY L. MCINTYRE, ESQ.		Address SKOLNIK, MCINTYRE & TATE ESQUIRES	
Address 321 SOUTH MAIN 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.



\* 9 6 1 9 3 \*

RECEIVED STATE SECRETARY OF CORPORATIONS  
SEP 23 2 21 PM '04

File Date	10/0/04
Check No.	8509
By:	U

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.

\* 9/22/04  
Signature of Authorized Person Date

JOHN BRADSHAW 09/22/2004  
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. <b>96193</b>		2. Exact name of the limited liability company <b>SLOCUM EQUIPMENT, INC., LLC.</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>PAINT FINISHING EQUIPMENT SALES/REPRESENTATIVES</b>	
5. Principal office address <b>125 STEAMBOAT AVENUE</b>		City <b>NORTH KINGSTOWN</b>	State <b>RI</b>
		Zip <b>02852</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>JOHN BRADSHAW</b>		Contact Title <b>PRESIDENT</b>	
Street Address <b>613 SLOCUM RD.</b>		City <b>SAUNDERSTOWN</b>	State <b>RI</b>
		Zip <b>02874</b>	
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 <b>SAMANTHA BRADSHAW</b>		Manager Name	
Street Address <b>613 SLOCUM RD.</b>		Street Address	
City <b>SAUNDERSTOWN</b>	State <b>RI</b>	City	State
Zip <b>02874</b>		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 <b>JERRY L. MCINTYRE, ESQ.</b>		Address <b>SKOLNIK, MCINTYRE &amp; TATE ESQUIRES</b>	
Address <b>321 SOUTH MAIN STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02903</b>

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	<b>9.24.03</b>
Check No	<b>7920</b>
By	<b>[Signature]</b>
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]**  
Signature of Authorized Person  
Date  
**JOHN BRADSHAW 09-17-2003**  
Print or Type Name of Authorized Person



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

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)

1. ID No. 96193		2. Exact name of the limited liability company SLOCUM EQUIPMENT, INC., LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PAINT FINISHING EQUIPMENT SALES/REPRESENTATIVES	
5. Principal office address 613 Slocum Road		City SAunders Town	State RI
		Zip 02874	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John E Bradshaw IV		Contact Title President	
Street Address Same		City	State
		Zip	
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 Same		Manager Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City		City	
State		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 JERRY L. MCINTYRE, ESQ.		Address SKOLNIK, MCINTYRE & TATE ESQUIRES	
Address 321 SOUTH MAIN STREET		City PROVIDENCE	Zip 02903

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



\* 9 6 1 9 3 \*

File Date	9.17.02
Check No.	7372
By:	<i>John E Bradshaw IV</i>
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

*John E Bradshaw IV*  
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 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 limited liability company is:

613 Slocum Rd, Saunderstown RI 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 ESQUIRES 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 communications may be directed are: 613 Slocum Rd

Saunderstown RI 02874

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Supply powder coating equipment to the finishing industry

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

Name

Address

Dated September 28, 2001



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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.

Slocum Equipment LLC.

Exact Name of Limited Liability Company

By

President

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-9-01

Check No.: 6793

By: [Signature]

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

AUG 31 2000

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 96193

Annual Report for the year 2000

1. The name of the limited liability company is:

SLOCUM EQUIPMENT, INC., LLC.

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

613 Slocum Rd Saunderstown, RI 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 ESQUIRES 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 communications may be directed are: John E. Bradshaw IV Resident.

613 Slocum Rd Saunderstown, RI 02874

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Supplier of Paint Finishing Equipment

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

Name

Address

Samuel A Bradshaw

Same

Dated Sept. 11, 2000



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.

Slocum Equipment, INC., LLC.

Exact Name of Limited Liability Company

By

[Signature]  
President

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9/12

Check No.: 6190

By: [Signature]

Form No. 632  
Revised 01/99

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

AUG 26 1999

### LIMITED LIABILITY COMPANY

ID Number LL 96193

Annual Report for the year 1999

1. The name of the limited liability company is:  
SLOCUM EQUIPMENT, INC., LLC.
2. The address of the principal office of the limited liability company is:  
613 Slocum Road SAUNDERSTOWN RI 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 ESQUIRES 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 communications may be directed are: John E Bradshaw Jr Slocum Equipment, Inc.  
613 Slocum Road  
Saunders town, RI 02874
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: PAINT FINISHING EQUIPMENT Sales / REPRESENTATIVES
7. If the limited liability company has managers, the name and address of each manager of the limited liability company  

Name	Address
<u>John E Bradshaw Jr</u>	<u>SAME</u>
<u>SAMANTHA BRADSHAW</u>	<u>SAME</u>

Dated 9/1/99



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.

Slocum Equipment Inc. LLC  
Exact Name of Limited Liability Company

By John E Bradshaw Jr  
Member / owner  
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-8-99</u>
Check No.:	<u>5556</u>
By:	<u>AMF</u>

Filing Fee: \$50.00

AUG 26 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

ID Number LL 96193

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 limited liability company is:  
125 Steamboat Drive Wickford RI 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 ESQUIRES 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 communications may be directed are: 613 Slocum Road Sanderston  
RI 02874 John E. Bradshaw
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: EQUIPMENT REPRESENTATION & SALES
7. If the limited liability company has managers, the name and address of each manager of the limited liability company  

Name	Address
<u>Samantha Bradshaw</u>	<u>Same</u>
_____	_____
_____	_____

Dated 9/1, 1998



\* 9 6 1 9 3 \*

FOR SECRETARY OF STATE USE ONLY

File Date: 9.2.98

Check No.: 903

By: UP

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.

Slocum Equipment Inc. LLC  
Exact Name of Limited Liability Company

By

[Signature]

owner/member

Title