



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. 131393		2. Exact name of the limited liability company Metro East, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DISTRIBUTOR			
5. Principal office address 1060 PARK AVENUE			City CRANSTON	State RI	Zip 02910-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name KAREN FINK			Contact Title		
Street Address 1060 PARK AVENUE			City CRANSTON	State RI	Zip 02910-
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 Met-Cap Enterprises, LLC			Manager Name		
Street Address 1060 Park Avenue			Street Address		
City Cranston	State RI	Zip 02910	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 MET-CAP ENTERPRISES, LLC			Address 1060 PARK AVENUE		
Address ATTN: LESLEY RICH, ESQ.			City CRANSTON	Zip 02910-	

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



1 3 1 3 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.

Anthony E. Notz + 9-8-05
Signature of Authorized Person Date

+ Anthony E Notz
Print or Type Name of Authorized Person

131393 DLLC 09/06/05 12:06:30 PM
File Date **FILED**
Check No. **SEP 12 2005**
By: *[Signature]*
FOR SECRETARY OF STATE USE ONLY

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Manager Name		* Manager Name			
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Address ATTN: LESLEY RICH, ESQ.		City CRANSTON	Zip 02910-		

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



1 3 1 3 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.

Anthony E. Nota 9-20-04
Signature of Authorized Person Date

ANTHONY E. NOTA
Print or Type Name of Authorized Person

131393 DLLC 09/13/04 04:07:01 PM
File Date 10-1-04
Check No. 4779
By: [Signature]
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