

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 LI Filing Period: Septer			NUAL REPORT FOR	R THE YEAR	2005		
(FORM MUST BE TYPED		•	JU 00				
1 /ID Ab 102131	2 Exact name of the tim	iited liability company		······ -· -· -·			
3 State of Formation	4 Brief descry	orion of the character of the	e business which is actually conducted in	Rhode Island			
RHODE ISLAND	COMMERC	CIAL PICTURE FRAMI					
5 Principal office address 42 LA	opp Street		ENST breen	IWILH SINE RI	2117		
6. MAILING ADDRE	SS OF LIMITED LIA	BILITY COMPANY A	ND NAME OR TITLE OF CONT				
Contact Name 1456	on DiHlan	1~1		Prising +			
Sireer Address	42 LAON	DETEG	CON EAST GA	ECH LADE RT	7.40 2 PM 0 7 FE A		
	FILL IN	SPACES BEFORE US	TED LIABILITY COMPANY, IF .	X FOR ATTACHMENT	n 🗆		
AN Manager Name	Y MODIFICATIONS	TO MANAGERS REQ	UIRES FILING OF AMENDMEN Manager Name	rt, R.I.G.L. 7-16-12 (a) (2) / 7-16-52		
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Since Address	450n Diffe Cabreaze a	dive	Sirect Address				
City /	Siaic PT	210	City	State	Ζφ		
no. Kingsh	ban RI	028	ス				
Manuger Name	······································	·····	Alansger Name	••••••			
Sirent Address			Sirvet Address	Sircet Address			
Clly	State	2:φ	City	State	Žφ		
8. RESIDENT AGEN Agent Name	8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filling of Form 642 - R.1.G.L. 7-16-11 Agent Name Address						
JASON DITTLEMAN							
Addres			City:	City: 74p			
42 LADD STREET			EAST GREENWICH	EAST GREENWICH 02818-			
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.							
File Date	\0 \leftrightarrow \frac{102131}{102131}		including ny t		affirm that I have examined this repo and statements, and that all statemen		



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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Malii Street Providence, RI 02903-1335 401.222.3040

2004

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ___

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

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1. 1/2 Ato 102131		nume of the United 'AR MFG, LLC	liability company				
3 State of Formation 4 Hinef description of the character of the hustiless with COMMERCIAL PICTURE FRAMING				rbich is actually conducted in Rhode isl	and		
5. Principal office at	42 6	A00 St		East Green win	Searc 12.I	02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME CONTACT Name ASON 13, HIRMAN SURVEY Address 185 SEA Breeze Dr.				CONLOCITUDE CONLO			
SITTY Address	SEA	breeze	Dr.	no. Kingstown	Siare KZ	1285a	
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				Siresi Address Sca Breeze Dr			
SIRVY Address / 185 SEABLARE OF			or	SIRTI AUDITES	Paere	or-	
cus no Kin	9510mm	Sinte	2402852	no Krossom	Star	181852	
Harwiger Name				Manager Name		•••••••••••••••••••••••••••••••••••••••	
Sinci Address			Sircri Address				
Çiry		State	<i>χ.</i> φ	City	Stair	7.y.	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Change Agent Name			es require filling of Form 642	- R.I.G.L. 7-1	6-11		
JASON DITTLEM	AN						
Address 42 LAOD STREET	Ī		•	City EAST GREENWICH		21p 02818-	

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

* 1 0 2 1 3 1	
File Date 9 15/04	
Check No	
ByOA	
EOR CEORETARY OF CYSTE LICE ONLY	

Under penalty of perjury, I declare and affirm including any accompanying schedules and st contained herbin are true and correct	
()	9-14-04
Signature of Authorized Person	Date
JASE DITTELMON	
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

r oops Astonis Davismie 196 Aston Main Street Proculemie RI 02903-1335 401-222 3649

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 2 I said name of the horized hability company **CRESTAR MFG. LLC** 102131 4. Herefole explains of the contraster of the bissions which is insteadly conducted in Block Island 3 State of Learnithme COMMERCIAL PICTURE FRAMING RHODE ISLAND 10 \$1.00 Cit. apatinfact addices 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON: Contact Title JASON DITTLEMAN 02818 RL EAST GREEDWICH 42 LAOD ST. 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED HABILITY 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 (2) (2) / 7-16-52 Harager St. Himago Name Steel Addies Mart Addiest 141 State City 110 Citi Manager Snow Monager Name Street Address Street Addn .. 14 La: Sterie B. RESIDENT AGENT IN RHODE ISLAND : DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Addiess Again Seone SANDRA H. SMITH Ż. 02889 WARWICK 164 AIRPORT ROAD

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

	* 1 0 2 1 3 1 *
File Date	<u>92303</u> 19078 2
F-1	OR 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.

Spendille of Authorized Person

SPF 15-03

JASON DITTLEMAN

Print or Type Name of Authors, ed Person



FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1333 401 222 3040

Form 632 Rev. 6/02

LIMITED LIABILITY COMPANY ANNHAL REPORT FOR THE VEAD 2002

Filing Period: Se (FORM MUST BE T	ptember 1	- November I 🏓	Filing Fee: \$50.00	AL REPORT FOR	CIBE II	CAR
1. ID No *102131*	2 Exact	name of the limited o	liability company			
1. State of Formation RHODE ISLAND 6 Brief description of the character of the COMMERCIAL PICTURE FRAMING			of the character of the busin ICTURE FRAMING	ess which is actually conducted in	Rhode Island	
5. Principal office address 42 LADD STREET				City EAST GREENWICH	State R I	Zip 02818
6. MAILING AD Contact Name JASON DITTE		F LIMITED LIA	BILITY COMPANY	Contact Title OF	CONTACT P	ERSON:
Sircei Address 42 LADD STRE				City EAST GREENWICH	State R I	Ζίρ 02818
7. NAME AND A		FILL IN SPACE	S BEFORE USING ATT	TED LIABILITY COMPA	NY, IF APPLI ATTACHMENT)	CABLE
Manager Name		ittle ma	n	· Manager Name	BuH	man
Street Address	LADI	277447		Siree Address 42 LA	00 5 fr	iest
Cint As F	ist	Sale RI.	72818	City SAST Managed Name	State PJ	12p 02818
Sircei Address	_			Street Address		
City		State	Zip	City	State	Zip
B. RESIDENT AG gent Name SANDRA H. SN		ODE ISLAND -D	NOT ALTER- Chang	es require filing of Forn	n 642 - R.I.GL	7-16-11
Iddress		_		City WARWICK		Zp
						0288992J 2 15 F.1 U
*102131 DLLC1			horized person pursu	Under penalty of perjur	y accompanying	offirm that I have examined schedules and statements, are true and correct.
File Daic Check No By: FOR SECRETARY O	FEB By (20 2003 SANS 313	140	Signalure of Authorized P	Buhan Ruha inofacid Person	nun 1/13/03 Nam



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 2001

Filing Period: September 1 - November 1 • Filing Fee: \$	50.00		
FORM MUST RE TYPED OR PRINTED IN BLACK) I. ID No 2. Exact name of the limited liability company *102131* CRESTAR MFG. LLC			
3. State of Formation 4. Brief description of the character of t	he business which is actually conducted in I	Chode Island	
RHODE ISLAND COMMERCIAL PICTURE FRAMI	ING		
5 Principal office address 42 LADD STREET	City EAST GREENWICH	State RI	Zip 02818
6. MAILING ADDRESS OF LIMITED LIABILITY COM			
Contact Name	Cantact Title		
JASON DITTELMAN Freet Address	City	State	Zip
2 LADD STREET	EAST GREENWICH	RI	02818
7. NAME AND ADDRESS OF EACH MANAGER OF THE FILL INSPACES BEFORE USIN		NY, IF APPLICAL ATTACHMENT)	BLE
ANY MODIFICATIONS TO MANAGERS REC			
lanager Name ASON Di Hlaman	-Manager Name (A+A	y Bre	Hanan
Sireel Address 42 LADD Stratt	Street Address LADA	Strat	
City EAST Greenwith RI Zip 028 Manager Name		Stole RJ	2.y 2 7! 7
muneger name	Mandger Name		
Street Address	•Street Address		
City State Zip	Cry	State	Lip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- (Changes require filing of Fort	n 642 · R.I.GL, 7-1	
igeni Name	Address		
SANDRA H. SMITH	164 AIRPORT ROAD		
Address	City WARWICK	2φ 0:	2889 E
			
This report must be signed in ink by an authorized perso	nn pursuant to 7-16-66		2 19 19 103
	•		_
• 1 0 2 1 3 1 •			m that I have examined
**************************************	this report, including a and that all statements		hedules and statements, true and correct
102131 DLLC1/9/034-52:31 PM File Date		Q 1	1/3/
Check No FEB 2 0 2003	Signature of Authorized i	Person	Date 1 3 1
By (CAN 2) 3) (4)	_ Cathy	Ruchanas	1
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of A	uthorized Person	Form 632 Rev 6/0

Filing Fee: \$50.00

Check No.: 949

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 102131	Annual Report for the year 2000						
1.	The name of the limited liability company	'is:						
	CRESTAR MFG.LLC							
2.	The address of the principal office of the I	limited liability company is:						
	42 LADO ST EAST	GREFFILICIT RI 02818						
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 agent is: SANDRA H. SMITH								
	164 AIRPORT ROAD WARWICK RI 028	889						
5.	The current mailing address of the limited	d liability company and the name or title of a person to whom communications						
	may be directed are: 54507 DITTEL MARI							
	·	GREENLICH RI OBEIF						
6.	A brief statement of the character of the	e business in which the limited liability company is actually engaged in this						
7.		gers, the name and address of each manager of the limited liability company Address						
	CATHY BUCHAMAY	42 LADDIT EAST GREET WICH RI 0281						
	JASOM DITTELMAC	42 LADO CT HATT GREER WITH RI 028/						
De	ated 10 19 03	Under penalty of perjury, I declare and affirm that I have examined thi report, including any accompanying schedules and statements, an						
		CRESTARMEG LLC Exact Name of Limited Liability Company						
_	FOR SECRETARY OF STATE USE ONLY	By Atten Ruleman						

PARTHUR

Title

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

LIMITED LIABILITY COMPANY

ID	Number <u>LL 102131</u>	Annual Report for the year 1999				
1.	. The name of the limited liability company is:					
	CRESTAR MFG. LLC					
2.	The address of the principal office of the limited liability company is: 70 Ladd Street, East Greenwich, RI 02818					
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: SANDRA H. SMITH						
	164 AIRPORT ROAD WARWICK, RI 0288	9				
5 .	7. /	bility company and the name or title of a person to whom communications				
	may be directed are: Ladd Stree Attention: Ja	ison Dittelman				
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in the commercial photography, wood-working, custom photograph framing, statepicture framing and sale of same.					
7	If the limited liability company has managers, Name	the name and address of each manager of the limited liability company Address				
Da	Dated 21 - 28, 99	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and				
	* 1 0 2 1 3 1 *	that all statements contained herein are true and correct. OSTA MHA LLC Exact Name of Limited Liability Company				
File	FOR SECRETARY OF STATE USE ONLY The Date: 10-1-99	By Cothy Bullinan				
Ch	ieck No.: 502	Title 522				
Ву	r. AMF	Form No. 632 Revised 01/99				