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	2 Exact name of the limited liability company
102131	CRESTAR MFG. LLC

3 State of Formation	4 Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	COMMERCIAL PICTURE FRAMING

5 Principal office address	City	State	Zip
42 Ladd Street	East Greenwich	RI	02818

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Jason DiHleman	President

Street Address	City	State	Zip
42 Ladd Street	East Greenwich	RI	02818

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
Jason DiHleman	
Street Address	**Street Address**
185 Seabreeze Drive	
City / State / Zip	**City / State / Zip**
No. Kingstown / RI / 02852	
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	Address	
JASON DITTLEMAN		
Address	**City**	**Zip**
42 LADD STREET	EAST GREENWICH	02818-

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

[redacted] [redacted]

File Date 9/6/05 "102131"

Check No. 4607

By DA

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* 8-30-05

[redacted]

Jason DiHleman

Print or Type Name of Authorized Person

Form 632 Rev. 7/03

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	2. Exact name of the limited liability company
102131	CRESTAR MFG. LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	COMMERCIAL PICTURE FRAMING

5. Principal office address	City	State	Zip
42 LADD St	East Greenwich	RI	02818

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Jason DiTlleman	President

Street Address	City	State	Zip
185 Seabreeze Dr.	No. Kingstown	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
Jason DiTlleman	Cathy Buchanan
Street Address: 185 Seabreeze Dr	Street Address: 185 Seabreeze Dr
City: No. Kingstown; State: RI; Zip: 02852	City: No. Kingstown; State: RI; Zip: 02852
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	Address
JASON DITTLEMAN	

Address	City	Zip
42 LADD STREET	EAST GREENWICH	02818-

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

* 102131 *

File Date	9/15/04
Check No	3523
By	DA

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

9-14-04
Signature of Authorized Person *Date*

JASON DITTLEMAN
Print or Type Name of Authorized Person

Form 632 Rev. 7/03

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	2. Exact name of the limited liability company
102131	CRESTAR MFG. LLC

3. State of formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	COMMERCIAL PICTURE FRAMING

5. Principal office address — City — State — Zip

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
JASON DITTLEMAN	

Street Address	City	State	Zip
42 LAGO ST.	EAST GREENWICH	RI	02818

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
Street Address	Street Address
City / State / Zip	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	Address	
SANDRA H. SMITH		
Address: 164 AIRPORT ROAD	City: WARWICK	Zip: 02889

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	9.23.03
Cert. No.	19078
By	DL

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.

Jason Dittleman — SEPT 15-03
Signature of Authorized Person — *Date*

JASON DITTLEMAN
Print or Type Name of Authorized Person

Form 632 Rev. 7/03

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	2. Exact name of the limited liability company
"102131"	CRESTAR MFG. LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	COMMERCIAL PICTURE FRAMING

5. Principal office address	City	State	Zip
42 LADD STREET	EAST GREENWICH	RI	02818

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
JASON DITTELMAN	

Street Address	City	State	Zip
42 LADD STREET	EAST GREENWICH	RI	02818

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	Street Address	City	State	Zip
Jason Dittelman	42 Ladd Street	East Greenwich	RI	02818
Manager Name	Street Address	City	State	Zip
Cathy Buchanan	42 Ladd Street	East Greenwich	RI	02818
Manager Name	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	City	Zip
SANDRA H. SMITH	164 AIRPORT ROAD	WARWICK	02889

FILED
2003 JAN 21 P 1:03
SECRETARY OF STATE

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

[redacted] • 1 0 2 1 3 1 • [redacted]

"102131 DLLC1/9/03 4:53:56 PM"
File Date FILED
Check No FEB 20 2003
By: By CMA 3131 40
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.

Cathy Buchanan 1/13/03
Signature of Authorized Person *Date*

Cathy Buchanan
Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 6/02

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 2001

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. 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 the business which is actually conducted in Rhode Island
RHODE ISLAND	COMMERCIAL PICTURE FRAMING

5. Principal office address	City	State	Zip
42 LADD STREET	EAST GREENWICH	RI	02818

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
JASON DITTELMAN	

Street Address	City	State	Zip
42 LADD STREET	EAST GREENWICH	RI	02818

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
Jason Dittleman	Cathy Buchanan
Street Address: 42 Ladd Street	Street Address: 42 Ladd Street
City: East Greenwich State: RI Zip: 02818	City: East Greenwich State: RI Zip: 02818
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	Address
SANDRA H. SMITH	164 AIRPORT ROAD
Address	City / Zip
	WARWICK 02889

FEB 17 2 19 PM '03

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

[redacted] *102131*

102131 DLLC1/9/034:52:31 PM
File Date FILED
Check No FEB 20 2003
By: By GD 31340
FOR SECRETARY OF STATE USE ONLY

[redacted]

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

Cathy Buchanan 1/13/03
Signature of Authorized Person *Date*

Cathy Buchanan
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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 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 limited liability company is:

   42 LADD ST 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 02889

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: JASON DITTELMAN

   42 LADD ST EAST GREENWICH RI 02818

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: COMMERCIAL PICTURE FRAMING

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

Name	*Address*
CATHY BUCHANAN	42 LADD ST EAST GREENWICH RI 02818
JASON DITTELMAN	42 LADD ST EAST GREENWICH RI 02818

Dated 10/19/01

1 0 2 1 3 1

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.

CRESTAR MFG LLC
Exact Name of Limited Liability Company

By Cathy Buchanan

PARTNER
Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: 10-23-00
Check No.: 949
By: AMF

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 LL 102131 **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 02889

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: 42 ~~70~~ Ladd Street, East Greenwich, RI 02818
   Attention: Jason Dittelman

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Commercial photography, ~~wood working, custom photograph framing, picture framing and sale of same.~~ Custom Picture Framing

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

Name	*Address*

Dated Sept. 28, 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.

Crestar Mfg LLC
Exact Name of Limited Liability Company

By Cathy Buchanan
Partner
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 10-1-99
Check No.: 502
By: AMF

Form No. 632
Revised 01/99