



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

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2005

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

1. ID No. 131312		2. Exact name of the limited liability company Empire Home Improvement, LLC			
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Sale and Installation of Windows, Vinyl Siding, Bathtub Liners and Gutter Guards.			
5. Principal office address 333 Northwest Ave.		City Northlake	State IL	Zip 60164	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Linda Sowa			Contact Title Tax Manager		
Street Address 333 Northwest Ave.		City Northlake	State IL	Zip 60164	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> 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			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 CT Corporation System			Address		
Address 10 Weybosset ST.		City Providence	Zip 02903		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

<b>FILED</b>	
File Date	<u>JUL 25 2006</u>
Check No.	
By:	<u>By: [Signature]</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.

[Signature] 7/24/06  
Signature of Authorized Person Date  
**Steve Silvers**  
Print or Type Name of Authorized Person



**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 <b>131312</b>		2 Exact name of the limited liability company <b>Empire Home Improvement LLC</b>	
3 State of Formation <b>DELAWARE</b>		4 Brief description of the character of the business which is actually conducted in Rhode Island	
5 Principal office address <b>333 NORTHWEST AVE</b>		City <b>NORTHLAKE</b>	State <b>IL</b>
		Zip <b>60164</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>LINDA SOWA</b>		Contact Title <b>TAX SPECIALIST</b>	
Street Address <b>333 NORTHLAKE AVE</b>		City <b>NORTHLAKE</b>	State <b>IL</b>
		Zip <b>60164</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE 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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
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>CT CORPORATION SYSTEM</b>		Address	
Address <b>10 WEYBOSSET 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.



\* 1 3 1 3 1 2 \*

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.

File Date 10/8/04  
 Check No. 001964  
 By: W.  
 FOR SECRETARY OF STATE USE ONLY

Steve Silvers 9/10/04  
 Signature of Authorized Person Date  
**STEVE SILVERS**  
 Print or Type Name of Authorized Person