



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. 100281		2. Exact name of the limited liability company DB Thin Films, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO PROVIDE COATING SERVICES UTILIZING LOW TEMPERATURE PHYSICAL VAPOR DEPOSITION TECHNOLOGY	
5. Principal office address 55 HILDRETH LANE		City CONCORD	State MA Zip 01742
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name PETER B. DRAGONE		Contact Title MANAGER	
Street Address 55 HILDRETH LANE		City CONCORD	State MA Zip 01742-
NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS. <input type="checkbox"/> ANY BOX FOR ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12(a)(2) 7-16-52			
Manager Name PETER B. DRAGONE		* Manager Name .	
Street Address 55 HILDRETH LANE		* Street Address .	
City CONCORD	State MA	Zip 01742	* City . * State . * Zip .
* Manager Name		* Manager Name	
Street Address		* Street Address	
City	State	Zip	* City . * State . * Zip .
PRESIDENT AGENT IN RHODE ISLAND DO NOT ALTER Changes require filing of Form 642 R.I.G.L. 7-16-11			
Agent Name JAMES H. HAHN, ESQ.		Address 180 SOUTH MAIN STREET	
Address		City PROVIDENCE	Zip 02903

02 NOV 10 PM 3:00

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



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100281 DLLC 08/30/05 03:00:21 PM

File Date NOV 10 2005

Check No. _____

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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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.

Signature of Authorized Person

Date

PETER B. DRAGONE

Print or Type Name of Authorized Person