

(FORM MUST BE TYPED OR PRINTED IN BLACK)

125608

3. State of Formation

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

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

4. Brief description of the character of the business which is actually conducted in Rhode Island

2. Exact name of the limited liability company
Equipment Ventures, LLC

	10 6	igage in in	vestments				
Rhode Island To engage in inve			City Cranston	State R.I.	Zip 02910		
6. MAILING ADDRESS	F LIMITED LIA	BILITY COMP	NY AND NAME OR TITLE	OF CONTACT PERSO	N:		
Contact Name			Contact Title				
Eric Ahlborg				. Member			
Street Address			<i>City</i> Cranston	State R.I.	<i>Ζiρ</i> 02910		
48 Molter Street 7. NAME AND ADDRESS OF EACH MANAGER OF THE LI					!		
	FILL IN SPACE	S BEFORE USING	G ATTACHMENTS ("X" BOX F JIRES FILING OF AMENDMENT. R	OR ATTACHMENT) 🔲			
Manager Name			• Manager Name				
Street Address		<u></u>	· Street Address	<u> </u>			
			<u> </u>	<u> </u>			
City	State	Zip	*City	State	Zip		
Manager Name	J		Manager Name	. <b> l</b>			
Street Address	· · ·		Street Address				
7.5	State	Zip	City	State	Zip		
City			•	<b>4</b> 2	'		
8. RESIDENT AGENT IN R	HÓDE ISLAND -C	O NOT ALTER- C	hanges require filing of F	orm 642 - R.L.Gl 7-16-	11		
Agent Name			Address				
Eric Ahlb	org						
Address	· · · · · · · · · · · · · · · · · · ·		City	Zip			
fg 48 Molter	Street		Cranston		02910		
This report must be signed	d in ink by an a	uthorized persor	n pursuant to 7-16-66.				



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company 125608 Equipment Ventures, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island To engage in investments. Rhode Island 5. Principal office address Ciry State Zip Warwick RI 02886 275 West Natick Road 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Eric Ahlborg .Member Sircel Address City State Zip 275 West Natick Road .Warwick RI 02886 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 Sircei Address Street Address City City State State Zip Zip Manager Name Manager Name Sireei Address ·Street Address Ciry State City State Zip Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name Address Ferrucci Russo, P.C. 55 Pine Street City Address Providence 02903 fg . This report must be signed in ink by an authorized person pursuant to 7-16-66. 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 FOR SECRETARY OF STATE USE ONLY Form 632 Rev. 6/02



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2001

			I 🏉 Filing Fee: \$!	50.00				
FORM MUST BE T				<u></u>				
1. ID No. *125608*		t name of the limited liabilty company PMENT VENTURES, LLC						
3. State of Formation				e business which is actually cor	nducted in Rhode Island			
RHODE ISLAND to engage in investments								
5. Principal office address 275 WEST NATICK ROAD			City	State	Zip			
			WARWICK	RI	02886-			
6. MAILING AD	DRESS O	FLIMITED	LIABILITY COMP	ANY, AND NAME OR T	TLE OF CONTAC	T PERSON:		
Contact Name				•	Contact Title			
Eric Ahlborg	1			.Member	<u></u>			
Street Address				City	State	Zip		
275 West Nat	ick Roa	d		.Warwick	RI	02886		
W		FILL INS	PACES BEFORE USIN	LIMITED LIABILITY G ATTACHMENTS ("X" UIRES FILING OF AMENDM	BOX FOR ATTACHMI	ENT) 🗆 👵 🦪 💸 🔭	· .	
Manager Name				•Manager Name •				
Street Address			···	• Street Address				
City		Siate	Zip	*City	State	Zip		
Manager Name	• • • • •	J		*Manager Name			• • •	
Street Address			• Street Address					
City		State	Zip	.City	State	Zip		
8. RESIDENT AG	ENT IN R	HÖDE ISLAN	ND -DO NOT ALTER- C	hanges require filing	of Form 642 - R.	1.G1:7-16-11 (1903)	- Princip	
Agent Name				Address				
FERRUCCI RU	ISSO, PC			55 Pine S	treet			
Address				City		Zip		
				PROVIDENCE		02903-		

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



*125608 DLLC1	0/11/0210:16:3	
File Date	PILL	
Check No.	NOV 0 6 2003	
Ву:	By A	Hay
FOR SECRETARY O	DE STATE USE CONTY	

Under penalty of perjury, I declare and affire	n that I have examined
this report, including any accompanying sch	
and that all statements contained herein are	true and correct.
	/

Signature of Authorized Person

Date ) (---

Print or Type Name of Authorized Person