



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 BLACK)

| | | | | | |
|--|-------|---|----------------|--------------|-----|
| 1. ID No. 125608 | | 2. Exact name of the limited liability company Equipment Ventures, LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of the business which is actually conducted in Rhode Island To engage in investments | | | |
| 5. Principal office address 48 Molter Street | | City Cranston | State R. I. | Zip 02910 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Eric Ahlborg | | Contact Title Member | | | |
| Street Address 48 Molter Street | | City Cranston | State R. I. | Zip 02910 | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE 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 Eric Ahlborg | | Address | | | |
| Address 48 Molter Street | | City Cranston | Zip 02910 | | |

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

Eric S. Ahlborg

Print or Type Name of Authorized Person

Date

9/21/05

| | |
|---------------------------------|----------|
| File Date | 11/18/05 |
| Check No. | 105666 |
| By: | |
| 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 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. 125608 | | 2. Exact name of the limited liability company Equipment Ventures, LLC | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of the business which is actually conducted in Rhode Island To engage in investments. | |
| 5. Principal office address 275 West Natick Road | | City Warwick | State RI |
| | | Zip 02886 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Eric Ahlborg | | Contact Title Member | |
| Street Address 275 West Natick Road | | City Warwick | State RI |
| | | Zip 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) <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 Ferrucci Russo, P.C. | | Address 55 Pine Street | |
| Address fg | | City Providence | Zip 02903 |

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



1 2 5 6 0 8

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 11/29/04
ERIC AHLBORG
Print or Type Name of Authorized Person

| | |
|---------------------------------|----------|
| File Date | 12-20-04 |
| Check No. | 4857 |
| By: | AMF |
| FOR SECRETARY OF STATE USE ONLY | |



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 BLACK)

| | | | |
|---|-------|---|---------------|
| 1. ID No. *125608* | | 2. Exact name of the limited liability company EQUIPMENT VENTURES, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island to engage in investments | |
| 5. Principal office address 275 WEST NATICK ROAD | | City WARWICK | State RI |
| | | Zip 02886- | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY, AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Eric Ahlborg | | Contact Title Member | |
| Street Address 275 West Natick Road | | City Warwick | State RI |
| | | Zip 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) <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 | City | State |
| Zip | | Zip | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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 FERRUCCI RUSSO, PC | | Address 55 Pine Street | |
| Address | | City PROVIDENCE | Zip 02903- |

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



* 1 2 5 6 0 8 *

*125608 DLLC10/11/0210:16:3

FILED

File Date: NOV 06 2003

Check No. _____

By: *[Signature]*

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] 10/25/03
Signature of Authorized Person Date
ERIC AHLBORG
Print or Type Name of Authorized Person