



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008**

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

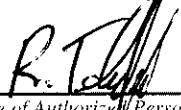
*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b&c) is subject to a penalty fee of \$25.00.*

1. ID No <b>000146845</b>		2. Exact name of the limited liability company <b>Class Act Cleaning Service LLC</b>			
3. State of Formation <b>CT</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Janitorial Services</b>			
5. Principal office address <b>2700 Berlin Turnpike</b>		City <b>Berlin</b>	State <b>CT</b>	Zip <b>06037</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Scott Cohen</b>			Contact Title <b>President</b>		
Street Address <b>2700 Berlin Turnpike</b>		City <b>Berlin</b>	State <b>CT</b>	Zip <b>06037</b>	
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"/>					
Manager Name <b>Rudy Telesford</b>			Manager Name		
Street Address <b>2700 Berlin Turnpike</b>		Street Address			
City <b>Berlin</b>	State <b>CT</b>	Zip <b>06037</b>	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 <b>Charles Hosford</b>			Address		
Address <b>460 Charles St #315</b>		City <b>Providence</b>	Zip <b>02904</b>		

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

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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 **11/4/2008**  
**Rudy Telesford**  
 Print or Type Name of Authorized Person

File Date	<b>FILED</b>
Check No.	<b>JAN 05 2009</b>
By:	<b>By [Signature]</b>
FOR SECRETARY OF STATE USE ONLY	