



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 2007

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. 000146895	2. Exact name of the limited liability company Class Act Cleaning Service LLC
-------------------------------	---

3. State of Formation CT	4. Brief description of the character of the business which is actually conducted in Rhode Island Janitorial Services
------------------------------------	---

5. Principal office address 2700 Berlin Turnpike	City Berlin	State CT	Zip 06037
--	-----------------------	--------------------	---------------------

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:	
Contact Name SCOTT Cohen	Contact Title President

Street Address 2700 Berlin Turnpike	City Berlin	State CT	Zip 06037
---	-----------------------	--------------------	---------------------

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)

Manager Name Rudy Telesford	Manager Name
---------------------------------------	--------------

Street Address 2700 Berlin Turnpike	Street Address
---	----------------

City Berlin	State CT	Zip 06037	City	State	Zip
-----------------------	--------------------	---------------------	------	-------	-----

Manager Name	Manager Name
--------------	--------------

Street Address	Street Address
----------------	----------------

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name Charles Hosford	Address
--------------------------------------	---------

Address 460 Charles St #315	City Providence	State RI	Zip 02904
---------------------------------------	---------------------------	--------------------	---------------------

2009 JAN 5 PM 12:57
 CORPORATIONS DIV
 STATE

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

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.

R. Telesford
Signature of Authorized Person 11/4/2008
Date

Rudy Telesford
Print or Type Name of Authorized Person

FILED
File Date JAN 05 2009
Check No. _____
By: <i>apb 77268</i>
FOR SECRETARY OF STATE USE ONLY