



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 2006

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

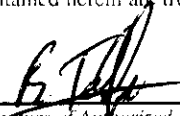
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b&c) is subject to a penalty fee of \$25.00.

| | | | |
|---|--------------------|---|---------------------|
| 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 TPK. | | 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) <input type="checkbox"/> | | | |
| Manager Name Rudy Telesford | | Manager Name | |
| Street Address 2700 Berlin Turnpike | | Street Address | |
| City Berlin | State CT | City | State |
| Zip 06037 | | 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 Charles Hosford | | Address | |
| Address 460 Charles St #315 | | City Providence | Zip 02904 |

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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.


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

| |
|---------------------------------|
| FILED |
| File Date JAN 05 2009 |
| Check No. _____ |
| By: Op 77268 |
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