



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

<i>I. ID No.</i> 146988	2. Exac Harbo	or Hill Techno				
3. State of Formation				ousiness which is actually conducted in R	thode Island	
RHODE ISLAN	D	Temporary	Staffing			
5. Principal office address			City	State	Zip	
5 Division Street			Warwick	RI	02818	
6. MAILING AD Contact Name Tamara McKer		OF LIMITED	LIABILITY COMPAT	NY AND NAME OR TITLE OF *Contact Title . Member	CONTACT I	PERSON:
Street Address			City	State	Zip	
143 Spring Street			.East Greenwich	RI	02818	
Manager Name		FILL IN S MODIFICATIONS	TACES BEFORE USING	ATTACHMENTS ("X" BOX FOR RES FILING OF AMENDMENT. R.I.C • Manager Name	S.∟ 7-16-12 (a) (2) / 7-16-52
Tamara McKer	ıney					
Street Address				• Street Address		
143 Spring S	treet			*City	State	Zip
City	-1-	State R I	<i>Zip</i> 02818	*City	Sittie	12-47
East Greenw: Manager Name	· · · · ·	J		Manager Name		
Street Address		······································		Street Address		
City	*********	State	Zip	City	State	Zip
8. RESIDENT AC	ENT IN 1	I RHODE ISLAY	ND -DO NOT ALTER- CH	anges require filing of Fori	m 642 - R.I.G.	L. 7-16-11
RAYMOND HARRISON, Esq.				33 COLLEGE HILL ROAD		
Address				City	Zip	
ARRIVAN			WARWICK	02886-		

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



146988 D	LLC 03/04/06 11:34:19 AM
File Date	AUG 2 7 2007
Check No.	AUG Z (ZOU)
Ву:	By 13 D
FOR SECRET	ARY 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.