

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 <u>2007</u>

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.

K.I.O.L. 7-70-00 (DQL)) L	s subject to	a penany jee of \$20.00.						
1. ID No.	2. Exact n	name of the limited liability company						
153442	Extech,	, LLC						
3. State of Formation				h is actually conducted in Rhode Islan	ıd			
CONNECTICUT		INSPECTION	OF WATER TAN	パ ろ				
5. Principal office address		•		City	State		Zip 1447	
490 INDUSTRIAL PARK PD.				DYEP ZIVET?	CT		6417	
6. MAILING ADDRES	SS OF LE	MITED LIABILITY C	OMPANY AND NAME	OR THE OF CONTACTORS	iON:	1 to 1	* ×	
Contact Name				Contact Title				
THEODORE LLWD Street Address 97 TURKEY HILLRY				MANAGING MEMBER City State Zip CHESTER CT OB1/12				
Street Address	(12)	20		City O 1/1-1 TVO	State		21p 064/12	
97 TURKEY	$\mu_{l}u_{l}$	G)		CHESIEIL			00112	
7. NAME AND ADDI	RESS OF	EACH MANAGER O	f the limited liabi	LETT COMPANY, IF APPLICA		<u>OT LIST I</u>	MEMBERS	
	7	fill in space	BEFORE USING ATTA	CRIMENTS ("X"BOX FOR AT	TACHMENT)			
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	
. 18 . 1		Setting factor and the setting of th		the second secon		(11		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name			Address					
CT CORPORATION SYSTEM								
	LIN			Cit.		7in		
Address 10 WEYBOSSET STREET				City Zip PROVIDENCE 02903-		02903-		
IV WEI DUSSEL STREET				VA300*				

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

File Date		LED	- Anna
Check No	SEP	06 2007	
Ву:	By	またのス	
FOI	R SECRETARY O	F 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 of Authorized Person

8/31/57 Date 085

CHEODORE LUM

MANAGING

Print or Type Name of Authorized Person

Form 632 Rev. 07/07