

A. Ralph Mollis, Secretary of State Corporations Division 1-i8 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.	2. Exact name of the limited liability company					
116003	D & R Drafting of South Kingstown, R.I., LLC					
3. State of Formation			business which is actually conducted in Rhode	e Island		
RHODE ISLAND	DRAFTING		,			
5. Principal office address		X	City	State	ZiD	
420 Le	eisure D		Wakefield		12879	
Contact Name	55 OF LIMITED LIABI	LILI COMPANY A	ND NAME OR TITLE OF CONTACT : Contact Title	PERSON:		
Russel	I E Hay	1es	Owner			
Russell E Hayes Street Address 420 Leisure Drive			City	State	Zip	
420 Le	15ure Driv	e	Wakefield		02879	
7. NAME AND ADDR	ESS OF EACH MANAG	ER OF THE LIMIT	TED LIABILITY COMPANY, IF APPL	ICABLE - <u>DO NOT L</u>	IST MEMBERS	
	FILL IN S	PACES BEFORE U	SING ATTACHMENTS ("X" BOX FOI	R ATTACHMENT)		
Manager Name			Manager Name	Manuger Name		
Street Address		——————————————————————————————————————				
Sireet Matress			Street Address			
City	State	Zip	City	State	Zip	
					1.77	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
Ciħ ⁱ		·				
Citi	State	Zip	City	State	Zip	
8. RESIDENT AGENT	IN RHODE ISLAND -	DO NOT ALTER -	Changes require filing of Form 6	 42 - R.I.G.L. 7-16-11	I	
Agent Name			Address	*22 - K.H.G.L. /-10-11		
RUSSELL E. HAYES						
Address			City	Zip		
420 LEISURE DRIVE			WAKEFIELD	02879-		
-					-	

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

File Date 9-7-07	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.
Check No. 920	X russell & Hayes (7-6-0) Signature of Authorized Person Date
By:	Y Russell E Hayes
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person