RI SOS Filing Number: 200700759220 Date: 09/10/2007 4:00 PM

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.	2. Exact name of the limited liability company
115600	FJB Associates, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	HOME IMPROVEMENTS (REPLACEMENT WINDOWS AND SIDING)

5. Principal office address	City	State	Zip
100 Corporate Place	Rocky Hill	CT	06067

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Dennis Caffrey	Controller

Street Address	City	State	Zip
100 Corporate Place	Rocky Hill	~~Hill~~ CT	06067

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	Street Address	City	State	Zip
Frank J. Bocian Jr.	244 Joshua town Rd	Lyme	CT	06371

Manager Name	Street Address	City	State	Zip

Manager Name	Street Address	City	State	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	Address
CORPORATION SERVICE COMPANY	

Address	City	Zip
222 JEFFERSON BOULEVARD, SUITE 200	WARWICK	02888-

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

[redacted] [redacted]

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.

Dennis J. Caffrey 8/30/07
Signature of Authorized Person *Date*

DENNIS J. CAFFREY, CONTROLLER
Print or Type Name of Authorized Person

[redacted]

File Date	9-10-07
Check No.	30125
By:	MMC

13721-6-181771
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07