



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. 112686		2. Exact name of the limited liability company TEKsystems EF&I Solutions, LLC	
3. State of Formation MARYLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INSTALLATION OF TELECOMMUNICATIONS EQUIPMENT.	
5. Principal office address 7437 Race Road		City Hanover	State MD
		Zip 21076	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Randall Sones		Contact Title Manager	
Street Address 7301 Parkway Drive		City Hanover	State MD
		Zip 21076	
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 Randall Sones		Manager Name Craig Clarke	
Street Address 7301 Parkway Drive		Street Address 7437 Race Road	
City Hanover	State MD	City Hanover	State MD
Zip 21076		Zip 21076	
Manager Name Paul Bowie		Manager Name	
Street Address 7437 Race Road		Street Address	
City Hanover	State MD	City	State
Zip 21076		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 CORPORATION SERVICE COMPANY		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888-

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

File Date	9-10-07
Check No.	0000003952
By:	MSC
FOR SECRETARY 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.

R D Sones **9/5/07**
Signature of Authorized Person Date
Randall Sones
Print or Type Name of Authorized Person