



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.<br><b>147022</b>  |       | 2. Exact name of the limited liability company<br><b>Margaret A. Caster, CPA, LLC</b>  |                      |
| 3. State of Formation<br><b>RHODE ISLAND</b>  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>CERTIFIED PUBLIC ACCOUNTING FIRM</b> |                      |
| 5. Principal office address<br><b>131 AIRPORT ROAD</b>  |       | City<br><b>Warwick</b>   | State<br><b>RI</b>   |
|   |       | Zip<br><b>02889</b>  |                      |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |  |                      |
| Contact Name<br><b>Margaret A Caster</b>  |       | Contact Title<br><b>President</b>  |                      |
| Street Address<br><b>10 James Street</b>  |       | City<br><b>Westley</b>   | State<br><b>RI</b>   |
|   |       | Zip<br><b>02891</b>  |                      |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |  |                      |
| Manager Name  |       | Manager Name   |                      |
| Street Address  |       | Street Address   |                      |
| City  | State | City   | State                |
|   |       |  |                      |
| Manager Name  |       | Manager Name   |                      |
| Street Address  |       | Street Address   |                      |
| City  | State | City   | State                |
|   |       |  |                      |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  |       |  |                      |
| Agent Name<br><b>MARGARET A. CASTER, CPA</b>  |       | Address<br><b>915 SMITH STREET</b>   |                      |
| Address<br><b>P.O. BOX 28245</b>  |       | City<br><b>PROVIDENCE</b>  | Zip<br><b>02908-</b> |

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CORPORATIONS DIV

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

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.

*Margaret A Caster* 9/30/07  
Date

Margaret A Caster, CPA LLC  
131 Airport Road  
Warwick, RI 02889

File Date 9-10-07  
Check No. 1253  
By: MNC  
FOR SECRETARY OF STATE USE ONLY