



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. 122565		2. Exact name of the limited liability company MADISON CAPITAL, LLC	
3. State of Formation MARYLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island LEASING OF AUTOS AND EQUIPMENT.	
5. Principal office address 9D Gwynns Mill Ct.		City OWINGS MILLS	State MD
		Zip 21117	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Kandi Laufert		Contact Title CFO	
Street Address 9D Gwynns Mill Ct.		City OWINGS MILLS	State MD
		Zip 21117	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

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

File Date	9-11-07
Check No.	48922
By:	[Signature]
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.

[Signature] **9/5/07**
Signature of Authorized Person Date
KANDI LAUFERT
Print or Type Name of Authorized Person