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		
122046	PEARSON FURLING SERVICE, L.L.C.		
3. State of Formation	**4. Brief description of the character of the business which is actually conducted in Rhode Island**		
Rhode Island	Mechanical Repairs		
5. Principal office address	**City**	**State**	**Zip**
14 Backstay st.	Jamestown	R.I.	02835

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

Contact Name	Contact Title		
Eric V. Pearson	Owner		
Street Address	**City**	**State**	**Zip**
14 Backstay st.	Jamestown	R.I.	02835

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
Eric V. Pearson	
Street Address	Street Address
14 Backstay st.	
City / State / Zip	City / State / Zip
Jamestown / R.I. / 02835	
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	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	
Eric V. Pearson		
Address	**City**	**Zip**
14 Backstay st.	Jamestown	02835

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.

Eric V. Pearson 9-12-07
Signature of Authorized Person *Date*

[redacted]

Eric V. Pearson
Print or Type Name of Authorized Person

File Date	9/13
Check No.	3406
By:	MK

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07