

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

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2. Exact	xact name of the limited liability company						
VT CO	CONSULTANTS, LLC						
	4. Brief description of the PERSONNEL CONS	character of the business whi SULTING	ich is actually conducted in Rhode Island	d	· · - ·	710/91	
5. Principal office address 14 NAVARRE ST.					···	02893	
			OR TITLE OF CONTACT PERS Contact Title	ON:			
						^{Zip} 02893	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name			Manager Name				
Street Address			Street Address				
	State	Zip	City	State		Zip	
Manager Name			Manager Name				
Street Address			Street Address				
	State	Zip	City	State		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name CORPORATION SERVICE COMPANY			require filing of Form 642 - R.I.G.L. 7-16-11 Address				
Address 222 JEFFERSON BOULEVARD, SUITE 200			City WARWICK		Zip 02888-		
	2 Exact VT CON AVA AVA AVA DRESS OF LI ENT IN RES RVICE COME	2. Exact name of the limited liability of CONSULTANTS, LLC 4. Brief description of the PERSONNEL CONSULTANTS, LLC 5. LLC 6.	A. Brief description of the character of the business who PERSONNEL CONSULTING TESS AVARRE ST. RESS OF LIMITED LIABILITY COMPANY AND NAME RESS OF RACH MANAGER OF THE LIMITED LIABILITY IN SPACES BEFORE USING ATT. State State Zip State Zip State Zip RVICE COMPANY	2. Exact name of the limited liability company VI CONSULTANTS, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Islam. PERSONNEL CONSULTING City WEST WARWICK RESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERS Contact Title City WEST WARWICK Contact Title City WEST WARWICK THE LIMITED LIABILITY COMPANY IF APPLICAN FILL IN SPACES SEPORE USING ATTACHMENTS (A BOX FOR ATT Manager Name Street Address State Zip City Manager Name Street Address State Zip City Note the Limited Liability of Rota 642-1 Address City City Manager Name Street Address City City Note the Limited Liability of Rota 642-1 Address City City	2. Exact name of the limited liability company VT CONSULTANTS, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island PERSONNEL CONSULTING City WEST WARWICK RI RESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title City WEST WARWICK RI ORESS OF EACH MANAGER OF THE LIBITED LIABILITY COMPANY. IF APPLICABLE - DO N FILL IN SPACES DEPONE USING ATTACHMENT) Manager Name Street Address State Zip City State State Zip City State State Zip City State Namager Name Street Address City State Namager Name Street Address City State Namager Name Street Address State Namager Name Street Address City State Namager Name City State Other State Namager Name Street Address City State Other State Namager Name Street Address City State Other	2. Exact name of the limited liability company VT CONSULTANTS, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island PERSONNEL CONSULTING City WEST WARWICK RI Contact Title City State AVARRE ST. City WEST WARWICK RI CONTACT PERSON: Contact Title Contact Title City WEST WARWICK RI DRESS OF EACH MANAGER OF THE IDITED LIABILITY COMPANY IF APPLICABLE - DO NOT LIST I Manager Name Street Address State Zip City State Manager Name Street Address State Name Street Address State Name Manager Name Street Address City State Name Name Street Address City State Name Name Name Name Street Address City State Name Name	

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

File Date	
Check No. 1002	
By: K	A CONTRACTOR

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 of Authorited Porton

Sept 11, 2007

ROBERT J. BJERKE

Print or Type Name of Authorized Person