



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. 119346		2. Exact name of the limited liability company PACK ASSIST, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANUFACTURERS REPRESENTATIVE	
5. Principal office address P.O. BOX 370		City BARRINGTON	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name JAMES W. H. TUMBER		Contact Title MEMBER	Zip 02806
Street Address P.O. BOX 370		City BARRINGTON	State RI
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"/>		Zip 02806	
Manager Name JAMES W. H. TUMBER (X) 9/12/07		Manager Name	
Street Address P.O. BOX 370 (X) 9/12/07		Street Address	
City BARRINGTON (X) 9/12/07	State RI (X) 9/12/07	City	State
Zip 02806 (X) 9/12/07		Zip	
Manager Name JAMES W. H. TUMBER (X) 9/12/07		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 JAMES W. H. TUMBER		Address	
Address 90 GOVERNOR BRADFORD DRIVE		City BARRINGTON	Zip 02806

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.

Signature of Authorized Person

Date

JAMES W. H. TUMBER
Print or Type Name of Authorized Person

File Date **FILED**
Check No. **SEP 14 2007**
By: **By 20618**
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