



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
		Zip 02806	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JAMES W. H. TUMBER		Contact Title MEMBER	
Street Address P.O. BOX 370		City BARRINGTON	State RI
		Zip 02806	
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"/>			
Manager Name JAMES W. H. TUMBER		Manager Name JAMES W. H. TUMBER	
Street Address P.O. BOX 370		Street Address P.O. BOX 370	
City BARRINGTON	State RI	City BARRINGTON	State RI
Zip 02806		Zip 02806	
Manager Name JAMES W. H. TUMBER		Manager Name JAMES W. H. TUMBER	
Street Address P.O. BOX 370		Street Address P.O. BOX 370	
City BARRINGTON	State RI	City BARRINGTON	State RI
Zip 02806		Zip 02806	
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 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

Print or Type Name of Authorized Person

File Date	FILED
Check No.	SEP 14 2007
By:	By 20618
FOR SECRETARY OF STATE USE ONLY	