



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
118 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. 158980		2. Exact name of the limited liability company McCormick Home Improvement, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Home Improvement Business	
5. Principal office address 41 Peep Toad Road		City Warwick	State Rhode Island
		Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Christopher P. McCormick		Contact Title	
Street Address 41 Peep Toad Road		City Warwick	State Rhode Island
		Zip 02888	
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 Christopher P. McCormick		Manager Name	
Street Address 41 Peep Toad Road		Street Address	
City Warwick	State Rhode Island	Zip 02888	
Manager Name		Manager Name	
Street Address		Street Address	
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 Christopher P. McCormick		Address 41 Peep Toad Road	
Address		City Warwick	Zip 02888

2007 SEP 18 AM 11:40
 04-11-40

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

158980

FILED	
File Date:	SEP 18 2007
Check No.:	1291
By:	
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.

Christopher P. McCormick

Signature of Authorized Person Date

Christopher P. McCormick

Print or Type Name of Authorized Person