



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.<br><b>146837</b>                                                                                                                                                                                    |                    | 2. Exact name of the limited liability company<br><b>Lepikko Carpentry, LLC</b>                                       |                                        |                     |                     |
| 3. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                  |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>CARPENTRY</b> |                                        |                     |                     |
| 5. Principal office address<br><b>44 Potter Hill Road</b>                                                                                                                                                     |                    | City<br><b>Westerly</b>                                                                                               | State<br><b>RI</b>                     | Zip<br><b>02891</b> |                     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |                    |                                                                                                                       |                                        |                     |                     |
| Contact Name<br><b>John Lepikko</b>                                                                                                                                                                           |                    |                                                                                                                       | Contact Title<br><b>Manager</b>        |                     |                     |
| Street Address<br><b>44 Potter Hill Road</b>                                                                                                                                                                  |                    | City<br><b>Westerly</b>                                                                                               | State<br><b>RI</b>                     | Zip<br><b>02891</b> |                     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                                                                                                                       |                                        |                     |                     |
| Manager Name<br><b>John Lepikko</b>                                                                                                                                                                           |                    |                                                                                                                       | Manager Name<br><b>Richard Lepikko</b> |                     |                     |
| Street Address<br><b>44 Potter Hill Road</b>                                                                                                                                                                  |                    | Street Address<br><b>44 Potter Hill Road</b>                                                                          |                                        |                     |                     |
| City<br><b>Westerly</b>                                                                                                                                                                                       | State<br><b>RI</b> | Zip<br><b>02891</b>                                                                                                   | City<br><b>Westerly</b>                | State<br><b>RI</b>  | Zip<br><b>02891</b> |
| 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<br><b>MICHELLE A. BUCK, ESQ.</b>                                                                                                                                                                   |                    |                                                                                                                       | Address                                |                     |                     |
| Address<br><b>6 CANAL STREET</b>                                                                                                                                                                              |                    | City<br><b>WESTERLY</b>                                                                                               | Zip<br><b>02891-</b>                   |                     |                     |

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

**FILED**

**OCT 18 2007**

By 039836

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 \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

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