

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 i	to a penaity jee oj \$2.	5,00.					
1. ID No.	2. Exact	2. Exact name of the limited liability company						
153446	Custor	ustom Building Systems, LLC						
3. State of Formation				which is actually conducted in Rho	ode Island			
PENNSYLVANIA		716dular	Home Sales					
5. Principal office address 300 Custom Ave				middleburg	State PH	1784 D		
6. MAILING ADDRE	SS OF L	IMITED LIABILIT	Y COMPANY AND NAM	ME OR TITLE OF CONTAC	PERSON:	·		
Contact Name  1) Down of Horyura				Contact Title				
Street Address				City TM, dd Leberry	State PH	zip 17842		
12 E Mar	Ket .	S <del>f</del>		777,00 a Duri	À   '''	11010		
7. NAME AND ADD	RESS OF	EACH MANAGE	R OF THE LIMITED LIA	BILITY COMPANY, IP AP	PLICABLE - DO NO	<u>r list members</u>		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		FILL IN SPA	CES BEFORE USING A	TTACHMENTS ("X" BOX F	OR ATTACHMENT)	]		
Manager Name William D. French				Manager Name				
Street Address				Street Address	Street Address			
PO BOX G								
any Nummuls W	)tarf	State PA	<sup>zip</sup> 17831	City	State	Zip		
Manager Name	• • • • • • • • • • • • •	.1	•••••	Manager Name				
Street Address				Street Address				
City	•••	State	Zip	City	State	Zip		
8. RESIDENT AGEN	NT IN RE	। IODE ISLAND - D	I OO NOT ALTER - Chang	ges require filing of Forn	1 642 - R.I.G.L. 7-16-:	11		
Agent Name				Address				
CT CORPORATION S	SYSTEM							
Address				City	Ž	Ζίρ		
10 WEYBOSSET STREET				PROVIDENCE	PROVIDENCE 02903-			
L				<del></del>		<u>-                                    </u>		

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,
FILED	contained herein are true and correct.
SEP 26 2007	Dail Kamina 9/12/07
Check No.	Signature of Authorized Person Date
Ву:	DAVID KONJURA
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person