

A. Ralph Mollis, Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2615

2007

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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.	2. Exact	name of the limited liability company				
127083	Manch	hester Automation Systems, LLC				
3. State of Formation RHODE ISLAND 4. Brief description of the character of the busine THE DESIGN, ASSEMBLY AND INSTA			which is actually conducted in Rhode ATION OF CUSTOM MACHIN	e island ERY FOR MANUE	FACTURING COMPANIES	
5. Principal office address 70 NEW RIVER ROAD - SUITE 3			MANVILLE	State RI	^{Zip} 02838	
6. MAILING ADDRI	ess of L	IMITED LIABII	ITY COMPANY AND NAM	ME OR TITLE OF CONTACT	PERSON:	·
DENNIS FURTADO				Contact Title MANAGER		
Street Address				City	State	Zip
PO BOX 40			MANVILLE	RI	02838-0040	
7. NAME AND ADD	RESS OF	EACH MANAG	ER OF THE LIMITED LIA	BILITY COMPANY, IF APPI	ICABLE - DO N	NOT LIST MEMBERS
		FILL IN S	PACES BEFORE USING AT	TTACHMENTS ("X" BOX FO	R ATTACHMENT)	
Manager Name DENNIS FURTADO				Manager Name		
Street Address				Street Address		
13 ANNA MAC DRIVE				street Address		
CUMBERLA	UD	State RI	02864	City	State	Zip
Manager Name		l	••••••	Manager Name	······································	
Street Address				Street Address	·	
City	·	State	Zip	City	State	Ζίμ
8. RESIDENT AGEN Agent Name ROBERT A. MIGLIAC		I ODE ISLAND -	 DO NOT ALTER - Chang	es require filing of Form 6 Address	 542 - R.I.G.L. 7-1	 16-11
Address 56 EXCHANGE TERRACE				PROVIDENCE		Zip 02903-

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

	FILED
File Date Check No.	2840
Ву:	mne
	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.

Signature of Authorized Person

DENUIS FURTADO

Print or Type Name of Authorized Person