



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. 160041		2. Exact name of the limited liability company Chan-Dan Respirator Specialists LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Respirator fit testing	
5. Principal office address 10 Belle Isle Way		City Cranston	State RI
		Zip 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Daniel Petrocelli		Contact Title Owner	
Street Address 10 Belle Isle Way		City Cranston	State RI
		Zip 02921	
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 Daniel Petrocelli		Manager Name	
Street Address 10 Belle Isle Way		Street Address N/A	
City Cranston	State RI	City N/A	State N/A
Zip 02921		Zip	
Manager Name		Manager Name	
Street Address N/A		Street Address N/A	
City N/A	State N/A	City N/A	State N/A
Zip		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 DANIEL D. PETROCELLI		Address	
Address 10 BELLE ISLE WAY		City CRANSTON	Zip 02921-

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

FILED

File Date **OCT 02 2007**
Check No. **302**
By: **302**

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.

D. Petrocelli 9/14/07
Signature of Authorized Person Date
Daniel Petrocelli
Print or Type Name of Authorized Person