



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. 134141		2. Exact name of the limited liability company SPACE-RAY RHODE ISLAND, L.L.C.			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island SALES OF ENERGY EQUIPMENT			
5. Principal office address 110 Rye Street		City Seekonk	State MA	Zip 02771	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name W. Gordon Partington			Contact Title Member		
Street Address 110 Rye Street		City Seekonk	State MA	Zip 02771	
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) ☐					
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 ROGER C. ROSS, ESQ.			Address		
Address 150 Main Street		City Pawtucket	Zip 02860		

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

134141

File Date	FILED
Check No.	OCT 03 2007 1027
By:	<i>WGP</i>
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.

W. Gordon Partington 10/1/07
Signature of Authorized Person Date
W. Gordon Partington
Print or Type Name of Authorized Person