

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.	2. Exact name of the		* *					
128778	W E MARCHETTI	CONSULT	NG LLC					
3. State of Formation RHODE ISLAND				ch is actually conducted in Rhode I.  REPRESENTING OWNERS	sland			
5. Principal office address	Vickery	St.	A Company of the Comp	Warwick.	State R	j.	2ip 02888	
6. MAILING ADDRES	S OF LIMITED L	IABILITY C	OMPANY AND NAME	•	ERSON:			
Contact Name	Iam E. 1	March	netti, Jr	Contact Title MGNGGER				
9 Vickery St.			Warwick	R ,	<i>†</i>	03888		
7. NAME AND ADDR	ESS OF EACH M.	ANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLIC	CABLE - DO N	OT LIST	MEMBERS	
	FILL	IN SPACES	BEFORE USING ATTA	CHMENTS ("X" BOX FOR	ATTACHMENT)			
Manager Name Willia	m E. M	larch	etti Jr	Manager Name				
Street Address V/C	Kery S-	<del>+</del>		Street Address				
Warwick	. State	. 1	zφ 05888	City	State		Zip	
Manager Name				Manager Name			***************************************	
Street Address				Street Address				
City	State		Zip	City	State		Zip	
8. RESIDENT AGENT Agent Name WILLIAM E. MARCHET		NÐ - DO N	OT ALTER - Changes	require filing of Form 64  Address	2 - R.I.G.L. 7-1	6-11		
Address 9 VICKERY STREET				City WARWICK	ICK Zij) 0288		2888-	

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

ile Date	FILED
Check No	OCT 03 2007 1541
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· —	R 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.

lelean Bruchett 9/30/07
Signature of Authorized Person Date

Print or Type Name of Authorized Person