



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. 128412		2. Exact name of the limited liability company Cable Assembly, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Manufacture and sale of cable			
5. Principal office address 1277 Jefferson Boulevard		City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Thomas DePetrillo		Contact Title			
Street Address 1277 Jefferson Boulevard		City Warwick	State RI	Zip 02886	
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 Thomas DePetrillo		Manager Name Glen DeValerio			
Street Address 988 Centerville Road		Street Address 670 East Shore Road			
City Warwick	State RI	Zip 02886	City Jamestown	State RI	Zip 02835
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 Pasco Gasbarro Jr.		Address 50 Kennedy Plaza, Ste. 1500			
Address Hinckley, Allen & Snyder LLP		City Providence		Zip 02903	

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

128412

File Date	FILED
Check No.	OCT 11 2007
By:	189930
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.

Thomas DePetrillo
Signature of Authorized Person Date
THOMAS L. DePetrillo
Print or Type Name of Authorized Person