



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 135761		2. Exact name of the limited liability company AFFORDABLE HOME IMPROVEMENTS, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION, HOME IMPROVEMENTS, AND ALL THINGS PERTINENT THERETO			
5. Principal office address 120 BROWNLEE BOULEVARD		City WARWICK	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name SUSAN GIONFRIDO		Contact Title			
Street Address 120 BROWNLEE 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 Susan Gionfrido		Manager Name			
Street Address 120 Brownlee Boulevard		Street Address			
City Warwick	State RI	Zip 02886	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 THOMAS N. TARZWELL		Address			
Address 490 WOODRUFF AVENUE,		City WAKEFIELD	Zip 02879		

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

135761

File Date	FILED
Check No.	OCT 11 2007
By:	1547
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.

 10/10/07
Signature of Authorized Person Date

Susan Gionfrido

Print or Type Name of Authorized Person