

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street Providence, RI 02904-2615

2007

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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 limited liabilit	у сотрапу							
95266		Management Consu								
3. State of Formation RHODE ISLAND		4. Brief description of the CONSULTING, MAN	character of the business which NAGING AND TRANSPO	ch is actually conducted in Rhode Island RTING MATERIALS	d	()				
5. Principal office address				City	State		Zip			
780 RESERVOIR				CRANSTON	RI		02910			
6. MAILING ADDRE Contact Name JOHN A SOUTO	is of li	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS Contact Title	ONE	Andrew Constitution	taga ta t			
Street Address	-			City	State		Zip			
780 RESERVOIR			edekid ·············	CRANSTON	RI		02910			
7. NAME AND ADDR	ESS OF	BACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLICAB CHMENTS (X' BOX FOR ATT	LE - DO N	OT LIST	<u>MEMBERS</u>			
Manager Name				Manager Name	, to the Living					
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 Agent Name STEPHEN J. SHECHTMAN				require filing of Form 642 - R.I.G.L. 7-16-11 Address						
Address 1080 MAIN STREET				Ctty PAWTUCKET		Zip 02860-				

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

File Date Check No.	OCT	. 0	0				200
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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.

Signature of Authorized Person

Date 10

Print or Type Name of Authorized Person