

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.

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1. ID No.	1	2. Exact name of the limited liability company													
160576	R. SO	R. SOUZA RUG AND FLOOR CLEANING, LLC													
3. State of Formation		4. Brief description of the character of the husiness which is actually conducted in Rhode Island													
RI		Janitorial and rug b	ousiness												
5. Principal office addres	is			City	State RI	Zip									
1 Monte Carmele	Street			North Providence	02904										
	ess of L	IMITED LIABILITY C	OMPANY AND NAME	OR TITLE OF CONTACT PERSON:											
Contact Name Richard J. Souza	lr			Contact Title											
Street Address	, 01.	. <u> </u>		Co-Manager City State Zip											
8 Water View Lan	^			North Providence	RI	02904									
ere no conserva de la compansa de la	e National designation	granting and a section for the	Litarian di dicina di Geografia da Para	garangan kalangan kalangan ka	1	1									
7. NAME AND ADD	RESS OF			LITY COMPANY, IF APPLICATION OF A PROPERTY O		IOT LIST MEMBERS □									
Manager Name		in skrim jihar garasitkis kultu. T		Manager Name											
Richard J. Souza	.lr			Michael J. Souza											
Street Address		<u> </u>		Street Address											
8 Water View Lar	e			14 McDay Court											
City North Providence		State RI	^{Zip} 02904	City Warwick,	State RI	^{Zip} -02889									
Manager Name			l	Manager Name											
				•											
Street Address				Street Address											
City		State	Zip	Ciţi	Zψ										
8 RESIDENT AGE	CT IN RE	 ODE ISLAND	OT ALTER - Changes	require filing of Form 64	l 2 - R.I.G.L. 7-1	l 16-11									
Agent Name		e sentiem tieter im gewone gebruik von de gegengen op z		Address											
Frank A. Lombar	di, Esqu	ire		Providence											
Address				City	Zip										
395 Smith Street				RI 02908											

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

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Under penalty of perjury, I declare and affirm that I have examined in reincluding any accompanying schedules and statements, and that all statem	por
including any accompanying schedules and statements, and that all statem	ent
contained herein are true and correct.	

Signature of Authorized Polson

Richard J. Souza, Jr.

Print or Type Name of Authorized Person

Form 632 Rev. 07/07