

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

(K.I.G.L. 7-10-00 (D&	cc)) is subject.	io a penaity jee oj \$2	33.00.						
1. ID No.	2. Exact	name of the limited li	ahility company						
137056	K. Van	an Gorden LLC							
3. State of Formation 4. Brief description of the character of the business PAINTING				usiness which is actually con	ducted in Rhode Island	i			
5. Principal office address			City		State		Zip		
25 Jerry Lane				north	Kingston		'I	02852	
Clause of Manne	à			D NAME OR TITLE OF Contact Title					
Street Address 25 Jerry Lane				Dorth,	Presid Kingstown	State	PI	02852	
				ED LIABILITY COMPA			OT LIST	<u>MEMBERS</u>	
		FILL IN SPA	ACES BEFORE USI	ING ATTACHMENTS	("X" BOX FOR ATT	ACHMENT)			
Manager Name			Manager Name	Manager Name					
Street Address				Street Address	Street Address				
Ciţv		State	Zip	Ciţy		State		Zip	
Manager Name		*****************	******	Manager Name				***************************************	
Street Address				Street Address					
City		State	Zip	Clty:		State		Zíp	
8. RESIDENT AG	ENT IN RH	ODE ISLAND - D	O NOT ALTER - C	Changes require filin	g of Form 642 -	R.I.G.L. 7-1	6-11	1	
Agent Name				Address					
KEVIN D. VAN GO	RDEN								
Address				City		Zip			
25 JERRY LANE				NORTH KING	NORTH KINGSTOWN 02852-				
							•		

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

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements,
File Date 10-24-2007 Check No. 496	contained herein are true and correct. Signature of Authorized Posson Date
By:	Print or Type Name of Authorized Person