



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.<br><b>132421</b>                                                                                                                                                                                    |                    | 2. Exact name of the limited liability company<br><b>P.A. Young, LLC</b>                                                |                     |
| 3. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                  |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>CONTRACTING</b> |                     |
| 5. Principal office address<br><b>8 KAY ST.</b>                                                                                                                                                               |                    | City<br><b>NEWPORT</b>                                                                                                  | State<br><b>RI</b>  |
|                                                                                                                                                                                                               |                    | Zip<br><b>02840</b>                                                                                                     |                     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |                    |                                                                                                                         |                     |
| Contact Name<br><b>PHIL YOUNG</b>                                                                                                                                                                             |                    | Contact Title<br><b>OWNER</b>                                                                                           |                     |
| Street Address<br><b>8 KAY ST</b>                                                                                                                                                                             |                    | City<br><b>NEWPORT</b>                                                                                                  | State<br><b>RI</b>  |
|                                                                                                                                                                                                               |                    | Zip<br><b>02840</b>                                                                                                     |                     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                                                                                                                         |                     |
| Manager Name<br><b>PHIL YOUNG</b>                                                                                                                                                                             |                    | Manager Name                                                                                                            |                     |
| Street Address<br><b>8 KAY ST</b>                                                                                                                                                                             |                    | Street Address                                                                                                          |                     |
| City<br><b>NEWPORT</b>                                                                                                                                                                                        | State<br><b>RI</b> | City                                                                                                                    | State               |
| Zip<br><b>02840</b>                                                                                                                                                                                           |                    | Zip                                                                                                                     |                     |
| Manager Name                                                                                                                                                                                                  |                    | Manager Name                                                                                                            |                     |
| Street Address                                                                                                                                                                                                |                    | Street Address                                                                                                          |                     |
| City                                                                                                                                                                                                          | State              | City                                                                                                                    | State               |
| Zip                                                                                                                                                                                                           |                    | 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<br><b>PHILLIP A. YOUNG</b>                                                                                                                                                                         |                    | Address<br><b>8 KAY ST</b>                                                                                              |                     |
| Address<br><b>8 KAY STREET</b>                                                                                                                                                                                |                    | City<br><b>NEWPORT</b>                                                                                                  | Zip<br><b>02840</b> |

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

**FILED**

File Date

**OCT 25 2007**

Check No.

By **7736**

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.

**PHIL YOUNG**  
Signature of Authorized Person

**8-28-07**  
Date

**PHIL YOUNG**  
Print or Type Name of Authorized Person