RI SOS Filing Number: 200702920790 Date: 10/25/2007 4:00 PM

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
120117	PABCO VENTURES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	CONTRACTING / FRANCHISE SALES

5. Principal office address	City	State	Zip
11 MATHEWSON ROAD	BARRINGTON	RI	02806

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
PAUL BLASBALG	MEMBER

Street Address	City	State	Zip
P.O. BOX 202	BARRINGTON	RI	02806

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip

Manager Name	Street Address	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	Address	City	Zip
JONATHAN N. SAVAGE, ESQ	eg 1080 MAIN STREET	PAWTUCKET	02860

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] [redacted]

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.

10/23/07
Signature of Authorized Person *Date*

PAUL BLASBALG, MEMBER
Print or Type Name of Authorized Person

[redacted]

FILED
File Date OCT 25 2007
Check No. 1566
By: By
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

16167-29-197860