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.	*2. Exact name of the limited liability company*
118027	Kellermeyer Building Services, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
DELAWARE	COMMERCIAL JANITORIAL SERVICES

5. Principal office address	*City*	*State*	*Zip*
Kellermeyer Building Services, LLC	Maumee	OH	43537

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

Contact Name	*Contact Title*
Richard Strehle	Director of Finance

Street Address	*City*	*State*	*Zip*
1575 Hentzen Drive	Maumee	OH	43537

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	*Manager Name*
Kellermeyer Holdings, LLC	
Street Address	*Street Address*
1575 Hentzen Dr.	
City / *State* / *Zip*: Maumee / OH / 43537	*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 require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	*Address*	
CT CORPORATION SYSTEM		
Address	*City*	*Zip*
10 WEYBOSSET STREET	PROVIDENCE	02903-

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

[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.

Richard K. Strehle 10/23/07
Signature of Authorized Person *Date*

[redacted]
Richard K. Strehle Director of Finance
Print or Type Name of Authorized Person

File Date FILED
Check No.
OCT 25 2007
By: By 249189
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07