



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

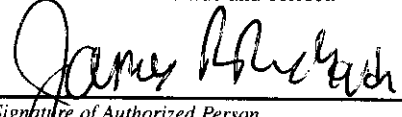
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                        |       |                                                                                                                              |                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 1. ID No.<br><b>122656</b>                                                                                                                                                                             |       | 2. Exact name of the limited liability company<br><b>Richardson Agency, 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>INSURANCE AGENCY</b> |                      |
| 5. Principal office address<br><b>467 MENDON ROAD</b>                                                                                                                                                  |       | City<br><b>WOONSOCKET</b>                                                                                                    | State<br><b>RI</b>   |
|                                                                                                                                                                                                        |       | Zip<br><b>02895</b>                                                                                                          |                      |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                   |       |                                                                                                                              |                      |
| Contact Name<br><b>JAMES R. RICHARDSON</b>                                                                                                                                                             |       | Contact Title<br><b>MEMBER</b>                                                                                               |                      |
| Street Address<br><b>467 MENDON ROAD</b>                                                                                                                                                               |       | City<br><b>WOONSOCKET</b>                                                                                                    | State<br><b>RI</b>   |
|                                                                                                                                                                                                        |       | Zip<br><b>02895</b>                                                                                                          |                      |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                              |                      |
| Manager Name<br><b>-none-</b>                                                                                                                                                                          |       | Manager Name                                                                                                                 |                      |
| Street Address                                                                                                                                                                                         |       | Street Address                                                                                                               |                      |
| City                                                                                                                                                                                                   | State | City                                                                                                                         | State                |
|                                                                                                                                                                                                        |       |                                                                                                                              |                      |
| Manager Name                                                                                                                                                                                           |       | Manager Name                                                                                                                 |                      |
| Street Address                                                                                                                                                                                         |       | Street Address                                                                                                               |                      |
| City                                                                                                                                                                                                   | State | City                                                                                                                         | State                |
|                                                                                                                                                                                                        |       |                                                                                                                              |                      |
| 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>KENNETH R. DOLBASHIAN, ESQ.</b>                                                                                                                                                       |       | Address<br><b>171 CHASE ROAD</b>                                                                                             |                      |
| Address<br><b>P.O. BOX 8</b>                                                                                                                                                                           |       | City<br><b>PORTSMOUTH</b>                                                                                                    | Zip<br><b>02871-</b> |

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

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>OCT 25 2007</b> |
| By:                             | <b>899</b>         |
| 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.

  
Signature of Authorized Person  
Date **10/20/07**  
**James R. Richardson**  
Print or Type Name of Authorized Person