



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

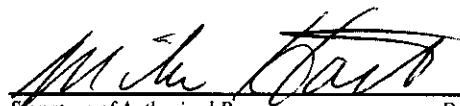
Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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. 142930		2. Exact name of the limited liability company DT HACKETT AND ASSOCIATES, LLC					
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SALES AGENCY					
5. Principal office address 480 Love Ln				City Warwick	State RI	Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name Mike Hackett				Contact Title Manager			
Street Address 480 Love Ln				City Warwick	State RI	Zip 02818	
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) <input type="checkbox"/>							
Manager Name Mike Hackett				Manager Name			
Street Address 480 Love Ln				Street Address			
City Warwick	State RI	Zip 02818		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 MICHAEL T. HACKETT				Address			
Address 480 LOVE LANE				City WARWICK	Zip 02818-		

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, contained herein are true and correct.

 9/1/07
Signature of Authorized Person Date

Mike Hackett
Print or Type Name of Authorized Person

FILED	
File Date	OCT 29 2007
Check No.	By 1063
By:	
FOR SECRETARY OF STATE USE ONLY	