

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								
154721	Institution Solutions I LLC								
3. State of Formation TEXAS	4. Brief descripti	on of the character of the	business which is actually conducted in Ri	bode Island					
5. Principal office address 1750 N. Co 6. MAILING ADDRES Contact Name		Ste 10 LITY COMPANY AN	Thichardson NAME OF THILE OF CONTAC	State XX	75080				
Street Address	E Clam	pitt	Membe	r Presiden	1				
1750 N. Colli	ns Blud S	TANKS AND THE STATE OF THE STAT	Richards		75080				
7. NAME AND ADDR	FILL IN	SPACES BEFORE US	ED LIABILITY COMPANY, IF ALL ING ATTACHMENTS ("X" BOX	PLICABLE - DO NOT L FOR ATTACHMENT)	IST MEMBERS				
Manager Name	1	では事業を行んでいた。	Manager Name						
Street Address			Street Address	Street Address					
Ciţy	State	Zip	City	State	Zip				
Manager Name	***************************************		Manager Name	Manager Name					
Street Address			Street Address	Street Address					
City	State	Ζίρ	City	State	Zip				
8. RESIDENT AGENT Agent Name CT CORPORATION SY		DO NOT ALTER	Changes require filing of Form Address	n 642 - R.I.G.L. 7-16-11	•				
Address 10 WEYBOSSET STREET			City PROVIDENCE	Zip 0290	03-				

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

File Date	FILED	
Check No.	OCT 24 2007	
By_By.	12712 KM	
- 1 - 17 eur	OR SECRETARY OF STATE USE ONLY	1.3

Under penalty of j	perjury,	I decl	are and af	firm that I hav	e examined	this report
including any acco	ompany	ing sc	hedules ar			
contained herein a	re true	and co	orrect.			
l'al	Z		la		9	11/0-
Signature of Author	ized Pe	rson	,	Date		
Print or Type Name	C	lar	noit	+		
Print or Type Name	e of Aut	horized	i Person			