

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.		exact name of the limited liability company					
111039	McLau	ughlin Housewrights, LLC					
3. State of Formation RHODE ISLAND 4. Brief description of the character of the busine TO BUILD, REMODEL, FIX AND OR UI				s which is actually conducted in Rhode Island DATE BOTH RESIDENTIAL AND COMMERCIAL PROPERTY			
5. Principal office address		***		City	State	Zip	
363 Cedar Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM Gontact Name				East Greenwich OR TITLE OF CONTACT PR	RI RERSON:	02818	
C. Daniel	McLau	ighlin		Member			
Street Address				City	State	Zip	
363 Cedar Avenue 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIA				East Greenwich	RI	02818	
7. NAME AND ADDI	RESS OF	EACH MANAGER	OF THE LIMITED LIAB	ILITY COMPANY, IF APPLIC	ABLE - DO N	1	
		FILL IN SPAC	ES BEFORE USING AT	ACHMENTS ("X" BOX FOR	ATTACHMENT)		
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Ζip	City	State	Zip	
Manager Name				Manager Name			
Street Address				Street Address			
City:		State	Zip	City	State	Zip	
O DECIDENT APENT	P Thi mate	ODE ICY AND SO	NOW ALTER OF				
Agent Name PATRICK J. QUINLAN,		ODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 642 Address	2 - R.I.G.L. 7-1	6-11	
Address 72 PINE STREET, 2ND FLOOR				City PROVIDENCE		<i>Ζι</i> ρ 02903-	

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 3 1 2007
Ву:	By 4383
FC	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and state ments, and that all statements, contained herein are true and correct.

Signature of Authorized Person

C. Daniel McLaughlin
Print or Type Name of Authorized Person