

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 200

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. 155906	1	t name of the limited liability company Perfection LLC						
3. State of Formation RHODE ISLAND		4. Brief description of the TO OPERATE A LAW	character of the business whic VN CARE BUSINESS	ch is actually conducted in Rhode Island	į.			
		後悔されることがです。		City Linus/n	State RZ		Zip 0286 5	
Contact Name Matthew	2			Contact Title Owner / President				
a susual annihilation and an area		Manageria.		cin Linwh	State R.Z.		2ip 0286 5	
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				HTV COMPANY, IP APTLICABLE DO NOT LIST MEMBERS CHARRYS (X BOX FOR ATTACHMENT) Manager Name				
Matthew J. Spinella Street Address 9 Kendall Orive			Street Address					
City Lincoln		State RT	2ip 02865	City	State		Zip	
TO OPERATE A LAWN CARE BUSINE 5. Principal office address 9 Kendall Orive 6. MARLING ADDRESS OF LIMITED LIABILITY COMPANY AND CONTACT Name Matthew 5. Spine//a Street Address 9 Kendall Drive 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED FILL IN SPACES BEFORE USING Manager Name Manager Name Manager Address 9 Kendall Orive City State State Zip		······································	Manager Name					
Street Address				Street Address				
City	,	State	Zip	City	State		Zip	
Agent Name		ode islan d - do n	OT ALTER - Changes	require filling of Form 642 - Address	R.I.G.L. 7-1	6-11		
			City LINCOLN	<i>Ζψ</i> 02865-				

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

9711 Ys	FILED	
File Date Check No.	BET 31 2007	W.
By:	By 1087	r e
	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 Althorized Person Date

Print or Type Name of Authorized Person