



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. <b>117871</b>		2. Exact name of the limited liability company <b>Clark Facility Services, LLC</b>			
3. State of Formation <b>MARYLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>FACILITIES MANAGEMENT</b>			
5. Principal office address 7500 Old Georgetown Rd.			City Bethesda	State MD	Zip 20814
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Peter C. Forster			Contact Title Manager		
Street Address 7500 Old Georgetown Rd.			City Bethesda	State MD	Zip 20814
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 Peter C. Forster			Manager Name Dan T. Montgomery		
Street Address 7500 Old Georgetown Rd.			Street Address 7500 Old Georgetown Rd.		
City Bethesda	State MD	Zip 20814	City Bethesda	State MD	Zip 20814
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 CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET			City PROVIDENCE	Zip 02903	

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

<b>FILED</b>	
File Date	NOV 01 2007
Check No.	
By:	By <u>265676</u>
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 11/29/07

Peter C. Forster 10/24/07  
Print or Type Name of Authorized Person