



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 02904-2015
(401) 222-3000

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. 000087826		2. Exact name of the limited liability company Campton Industries, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Ownership of real property			
5. Principal office address 75 Victory Highway		City West Greenwich		State RI	Zip 02817
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Carole G. Potter			Contact Title		
Street Address 75 Victory Highway		City West Greenwich		State RI	Zip 02817
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) ☐					
Manager Name Carole G. Potter			Manager Name		
Street Address 75 Victory Highway			Street Address		
City West Greenwich	State RI	Zip 02817	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 Christian C. Potter, Esq.			Address		
Address 111 Greenwood Avenue			City Warwick	Zip 02886	

FILED

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By

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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.

Carole G. Potter 11/27/2007
Signature of Authorized Person Date

Carole G. Potter
Print or Type Name of Authorized Person

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY