

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 lid	ibility company					
133238	Autiello Plumbing & He	2 2					
3. State of Formation			which is actually conducted in Rhode Is	land			
RHODE ISLAND	SERVICE- PLU		•••••				
5. Principal office address			City	State		Zip	
50 Lake Share Drive			Johnston	Rī	_	02919	
6. MAILING ADDRES	S OF LIMITED LIABILIT	Y COMPANY AND NAI	. And the control of	RSON:	_		
Contact Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	Contact Title	<i>i</i> // ₀			
Thomas A. Autiello Street Address				<u> </u>	nuginu	Member	
			city J J	State	<i></i>	Zip	
50 Lakeshore Drive			Johnston	I KI	-	02919	
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)							
Margner N	A Autoula		Manager Name	Manager Name			
Thomas A Autiello							
Street 50 Lake Share Drive State RI 1210 02919			Street Address	Street Address			
City Jain Chan	State R T	12ip 02919	City	State		Zip	
Manager Name				l			
			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State		Zip	
S DESIDENT AND NO	SN SHOPE ISLAND						
Agent Name	IN KHODE ISLAND - DI	NOT ALLER - Chang	cs require filing of Form 642	R.I.G.L. 7-1	6-11	,	
			210647(33)				
THOMAS AUTIELLO Address			City.		, _	·	
			City		Zip		
50 LAKE SHORE DRIVE			JOHNSTON	02919-			

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

File Date FILED	
Check No. NOV 16 2007	
By: By 434/M	nc
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 9/10/07

Thomas A. Autiello Managing Member

Form 632 Rev. 07/07