



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
149 W. Fifth Street
Providence, RI 02904-2615
401 222-7140

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. 147455		2. Exact name of the limited liability company J. ARJENTI & SON ELECTRIC, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL ELECTRICAL WORK FOR RESIDENTIAL AND COMMERCIAL PROPERTY	
5. Principal office address 66 FLANDERS STREET		City JOHNSTON	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOSEPH D. ARGENTI		Contact Title PRESIDENT	
Street Address 66 FLANDERS STREET		City JOHNSTON	State RI
		Zip 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) ☐			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	State	Zip	City
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
State	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOSEPH D. ARGENTI		Address	
Address 66 FLANDERS STREET		City JOHNSTON	Zip 02919

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

FILED

DEC 27 2007

By **JP 45425**

File Date

Check No.

By:

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

JOSEPH D. ARGENTI, PRESIDENT

Print or Type Name of Authorized Person