



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

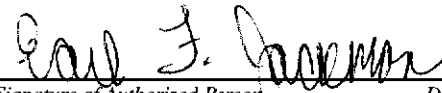
**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

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>120308</b>		2. Exact name of the limited liability company <b>MICRON CMM SERVICES, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>SALE AND SERVICE OF ROBOTICS AND RELATED PARTS</b>	
5. Principal office address <b>633 GIBSON HILL ROAD</b>		City <b>COVENTRY</b>	State <b>RI</b>
			Zip <b>02816</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>GERALD J. JACKMAN</b>		Contact Title	
Street Address <b>633 GIBSON HILL ROAD</b>		City <b>COVENTRY</b>	State <b>RI</b>
			Zip <b>02816</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>GERALD J. JACKMAN, SR.</b>		Manager Name <b>EARL F. JACKMAN</b>	
Street Address <b>Same as above</b>		Street Address <b>723 Ryan Run</b>	
City <b></b>	State <b></b>	City <b>Toms River</b>	State <b>NJ</b>
	Zip <b></b>		Zip <b>08753</b>
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 <b>FREDERICK G. TOBIN, ESQ.</b>		Address <b>300 CENTERVILLE ROAD, SUITE 100E</b>	
Address <b>300 CENTERVILLE ROAD, SUITE 100E</b>		City <b>WARWICK</b>	Zip <b>02886-</b>

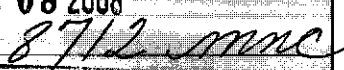
This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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 **12/10/07**

**EARL F. JACKMAN, MANAGER**

Print or Type Name of Authorized Person

File Date	<b>FILED</b>
Check No.	<b>FEB 08 2008</b>
By	
FOR SECRETARY OF STATE USE ONLY	