

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 20

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 limite	ed liability company				
156075	JCK, LLC					
3. State of Formation RHODE ISLAND	4. Brief descripti Prope	on of the character of the eAy Ma	business which is actually conducted in RL Nasement / La	ode Island IndSCaping		
3. State of Formation 4. Brief description of the character of the business whe Property Manage  5. Principal office address  5. 4. Knight Street			Warwick		Zip O3888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name William Basile			Contact Title OWNer   F	Owner   President		
William Basile Street Address 159 Knight Street			Warwick	State R <u>T</u>	<i>Zip</i> <i>O</i> <b>↓88</b> 8	
7. NAME AND ADDR	ESS OF EACH MANA	GER OF THE LIMI	TED LIABILITY COMPANY, IF AP SING ATTACHMENTS ('X' BOX		IST MENTBERS	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Ζίp	Gity	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name CHRISTOPHER LAMBERT			Changes require filing of Form  Address			
Address 86 WEYBOSSET STREET			City PROVIDENCE	Zip <b>0290</b> 3	3-	

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

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File Date	1009 P	1010
Check No. Z	ma	
By: FOR SEC	CRETARY 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.

| William | DASILE |
| Print or Type Name of Authorized Person | Person | Print or Type Name of Authorized Person | Print or