Upon completion, please detach and mail the annual report below including payment in the amount of $50.00 made payable to Secretary of State. If the resident agent to whom the annual report was mailed has changed and/or the address of the resident agent has changed, Form 642, along with the appropriate filing fee, if any, must be filed in this office. Form 642 may be obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us.

16901

Paid 6/4/08

VINYL EXTERIORS, LLC
c/o MICHAEL F. BENEVIDES
85 BEACH STREET, BUILDING B
WESTERLY, RI 02891-

RETAIN FOR YOUR RECORDS
ID# 123098
VINYL EXTERIORS, LLC
CHECK NUMBER_____
DATE_____

DETACH HERE

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.	2. Exact name of the limited liability company
123098	VINYL EXTERIORS, LLC

3. State of formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	VINYL SIDING, WINDOWS AND OTHER HOME REPAIRS.

5. Principal office address	City	State	Zip
12 LYNN LANE	ASHAWAY	RI	02804

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
SERGIO M DELAURO	MEMBER

Street Address	City	State	Zip
12 LYNN LANE	ASHAWAY	RI	02804

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
N/A	
Street Address	Street Address
City / State / Zip	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	Address	
MICHAEL F. BENEVIDES		
Address	City	Zip
85 BEACH STREET, BUILDING B	WESTERLY	02891-

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

[redacted] [redacted]

File Date 6-6-08
Check No. 3147
By: MMC
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.

Sergio M DeLauro 6/4/08
Signature of Authorized Person *Date*

[redacted] SERGIO M. DELAURO
Print or Type Name of Authorized Person