



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  
401.222.3000

### 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.

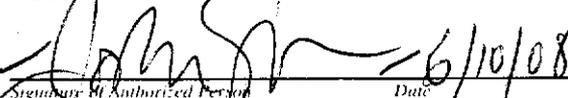
1. ID No. 140851		2. Exact name of the limited liability company Machine Drywall North II, LLC			
3. State of Formation NJ		4. Brief description of the character of the business which is actually conducted in Rhode Island Drywall Installations			
5. Principal office address 230 Anderson Road			City Clinton	State NEW JERSEY	Zip 08809
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joshua R. Strax			Contact Title Member		
Street Address 3 Terri Lane - Unit 9			City Burlington	State NEW JERSEY	Zip 08016
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 ATTACHMENT'S ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name David W. Bedo			Manager Name		
Street Address 1402 Ridge Road			Street Address		
City Phillipsburg	State New Jersey	Zip 08865	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 CT Corporation			Address		
Address 10 Weybosset Street			City Providence	Zip 02903	

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

140851

<b>FILED</b>	
File Date	JUN 20 2008
Check No.	
By	By <u>140851</u> & <u>127224</u>
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.

 6/10/08  
Signature of Authorized Person Date

Joshua R. Strax

Print or Type Name of Authorized Person