



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

A. Ralph Molis, 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. 000157613		2. Exact name of the limited liability company Trent Development Group, LLC			
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Residential Cleaning			
5. Principal office address 7442 Post Road		City North Kingstown	State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Frank Fornari		Contact Title Manager			
Street Address 7442 Post Road		City North Kingstown	State RI	Zip 02852	
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) <input type="checkbox"/>					
Manager Name Frank Fornari		Manager Name			
Street Address 7442 Post Road		Street Address			
City North Kingstown	State RI	Zip 02852	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 Susan A. Keller		Address Edwards Angell Palmer & Dodge LLP			
Address 2800 Financial Plaza		City Providence, RI		Zip 02903	

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

000157613

FILED

File Date **AUG 07 2008**
Check No. **By 1130**
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

Frank Fornari, Manager

Print or Type Name of Authorized Person