



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 2008

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. 158120		2. Exact name of the limited liability company FRANGENCO, LLC				FRANGENCO, LLC DBA TOP COAT PAINTERS	
3. State of Formation Connecticut		4. Brief description of the character of the business which is actually conducted in Rhode Island PAINTING CONTRACTOR - RESIDENTIAL - COMMERCIAL					
5. Principal office address 120 BRANCH HILL ROAD				City PRESTON		State CT	Zip 06365
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name GENE COVIELLO				Contact Title VP			
Street Address 120 BRANCH HILL ROAD				City PRESTON		State CT	Zip 06361
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				Manager Name			
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 Robert J. LaMountain				Address			
Address 15 Franklin Street				City Westerly		Zip 02891	

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

158120

File Date	FILED
Check No.	SEP 29 2008
By	1505
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.

Gene Coviello 9-26-08
Signature of Authorized Person Date

Gene Coviello

Print or Type Name of Authorized Person