

A. Ralph Mollis, Secretary of State
Gorporations 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))		,					
1-1D No.	2. Exact n	ame of the limited liai	bility company				
132079	PLUM	BWORKS, LLC	,				
3 State of Formation RHODE ISLAND		4. Brief description of PLUMBING	the character of the business whi	ch is actually conducted in Rhode Island			
5 Principal office address			City	State	Zip		
971 Iron Mine Hill Road 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name Ralph Ferra				Contact Title Member			
Street Address	TT 2 3 1	22 - 1		North Smithfield	State R.L	02896	
971 Iron Min	е нітт	коаа	•	: Wolfu Smithifeld	KI	02030	
7. NAME AND ADD	RESS OF	EACH MANAGER FILL IN SPA	R OF THE LIMITED LIABI CES BEFORE USING ATTA	LITY COMPANY, IF APPLICAB ACHMENTS ("X" BOX FOR ATT	LE - <u>DO N</u> ACHMENT)	OT LIST MEMBERS	
Manager Name				Manager Name			
Street Address			Street Address				
Спу		State	Zip	Сиу	State	Zip	
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	CHy	State	Zip	
8. RESIDENT AGEN	T IN RHO	DE ISLAND - DO	O NOT ALTER - Changes	require filing of Form 642 -	R.I.G.L. 7-1	6-11	
Agent Name			ų.	Address			
ALFRED A. RU	SSO, J	R., ESQ.					
Address				City		Zip	
1405 PLAINFIELD STREET				JOHNSTON		02919	

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

File Date	FILED
Check No	OCT 0 7 2008
ву: Ву	3678
FC	R 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.

Signatury of Authorized Person

10-1-0 8 Date

Print or Type Name of Authorized Person