



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. <b>123516</b>		2. Exact name of the limited liability company <b>ISACCO HOME IMPROVEMENT L.L.C.</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>HOME IMPROVEMENT</b>			
5. Principal office address <b>105 SPENCER WOODS DR</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02818</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>ROBERT ISACCO</b>			Contact Title <b>OWNER</b>		
Street Address <b>105 SPENCER WOODS DR</b>			City <b>EASTGREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
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 ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>ROBERT ISACCO</b>			Manager Name		
Street Address <b>105 SPENCER WOODS DR</b>			Street Address		
City <b>EASTGREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	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		
Address			City	Zip	

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

<b>FILED</b>	
File Date	<b>OCT 20 2008</b>
Check No.	
By	<b>1608</b>
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

**ROBERT ISACCO**

Print or Type Name of Authorized Person

**9/27/08**