



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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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.

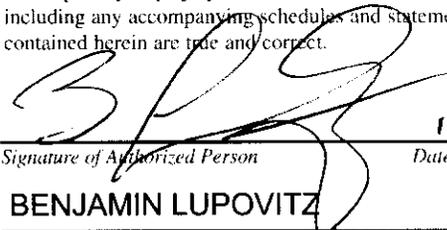
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|---|-------|--|---------------------------|-------------|--------------|
| 1. ID No 264415 | | 2. Exact name of the limited liability company MAXSENT LLC | | | |
| 3. State of Formation DE | | 4. Brief description of the character of the business which is actually conducted in Rhode Island CONTRACTED SECURITY | | | |
| 5. Principal office address 163 MITCHELLS CHANCE ROAD #177 | | | City EDGEWATER | State MD | Zip 21037 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name BENJAMIN LUPOVITZ | | | Contact Title CHAIRMAN | | |
| Street Address 100 DUPONT DRIVE STE 2 | | | City PROVIDENCE | State RI | Zip 02907 |
| 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 This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |

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

264415

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|---------------------------------|--------------|
| File Date | FILED |
| Check No | OCT 29 2008 |
| By | 1110 |
| 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: 10-28-08
BENJAMIN LUPOVITZ
Print or Type Name of Authorized Person