



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. 105559		2. Exact name of the limited liability company OCEAN STATE CARPET CLEANING, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CARPET CLEANING			
5. Principal office address PO BOX 2133			City WESTERLY	State RI	Zip 02891
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name GREGORY J. SULLIVAN			Contact Title MEMBER		
Street Address PO BOX 2133			City WESTERLY	State RI	Zip 02891
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 GREGORY J SULLIVAN			Manager Name		
Street Address PO BOX 2133			Street Address		
City WESTERLY	State RI	Zip 02891	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 STEWART PUCCI, CPA			Address		
Address 1 CANAL STREET			City WESTERLY	Zip 02891	

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

105559

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 \_\_\_\_\_

GREGORY J. SULLIVAN

Print or Type Name of Authorized Person

File Date	<b>FILED</b>
Check No.	OCT 29 2008
By:	By <u>2673</u>
FOR SECRETARY OF STATE USE ONLY	