



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)(7)) is subject to a penalty fee of \$25.00.

| | | | | | |
|---|---------------|---|-----------------------|--------------|-----|
| 1. ID No. 136256 | | 2. Exact name of the limited liability company McGowan Woodworking LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Custom Woodworking | | | |
| 5. Principal office address 1010 Frenchtown Road | | City EastGreenwich | State Rhode Island | Zip 02818 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name John McGowan | | Contact Title Owner | | | |
| Street Address 195 Kingswood Road | | City North Kingstown | State Rhode Island | Zip 02852 | |
| 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 John McGowan John McGowan | | Manager Name None | | | |
| Street Address 195 Kingswood Rd. | | Street Address | | | |
| City No. Kingstown | State R.I. | Zip 02852 | City | State | Zip |
| Manager Name None | | Manager Name None | | | |
| 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).

136256

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|---------------------------------|-------------|
| FILED | |
| File Date | OCT 31 2008 |
| Check No. | |
| By: | By 1355 |
| 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.

John McGowan 10/15/08
Signature of Authorized Person Date

John McGowan

Print or Type Name of Authorized Person