

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 2007

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

1. ID No. 000156491		t name of the limited liability company e McPherson Plumbing & Heating, LLC					
3. State of Formation Rhode Island	4. Brief descrip Plumbing	4. Brief description of the character of the business which is actually conducted in Rhode Island Plumbing & Heating Contractor					
5. Principal office address P.O. Box 4676, 55 Pequot Lane			Gby Middletown	State RI	^{Zip} 02842		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name Bruce McPherson			NAME OR TITLE OF CONTACT PERSON: Contact Title Member				
Street Address 55 Pequot Lane			<i>Сиу</i> Middletown	State RI	<i>Zip</i> 02842		
7. NAME AND AL	DRESS OF EACH MAN	AGER OF THE LIMIT SPACES BEFORE US	ED LIABILITY COMPANY, IF AI ING ATTACHMENTS ("X" BOX	PLICABLE - <u>DO NO</u> T FOR ATTACHMENT)			
generalistik kelegerian dia dia keleberakan berit BEREDIA BERTERA BERTERA BERTERA BERTERA. 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		
3. RESIDENT AG This information is	ENT IN RHODE ISLAN currently of record in th	o e Office of the Secretar	y of State. Changes require filing o	of Form 642 - R.I.G.L. 7-	16-11		
					JAN -6 AM 11: 39		

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

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File Date Ey	JAN 0'6 2009 0 77377 11:39	Under penalty of perjury, I declare and a including any accompanying schedules a contained herein are true and correct. Signature of Authorized Person	ffirm that I have examined this report, and statements, and that all statements 12-7-08 Date
By: FOR SECRETARY OF STATE USE ONLY		Bruce McPherson Print or Type Name of Authorized Person	