

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.

| (R.I.G.L. /-16-66 (00°C) | , is suoject to | a penatty jee oj \$2, |). UU. | | | | |
|--|-----------------|---|--------|--|---|---------------------|--|
| 1. ID No. 157502 | 1 | eact name of the limited liability company CRPD, LLC | | | | | |
| 3. State of Formation Rhode Island A Brief description of the character of the business when the state of the pusiness when the pusiness where the pusiness when the pusiness whe | | | | riness which is actually conducted in CONCERS | ich is actually conducted in Rhode Island NS | | |
| 5. Principal office address 82 Orchard Meadows Drive | | | | Gity Smithfield | State RI | <i>Zip</i> 02917 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | | | |
| Contact Name | | | | Contact Title | Contact Title | | |
| Richard Pisaturo | | | | Manager | Manager | | |
| Street Address | | | | City | State | Zip | |
| 82 Orchard Meadows Drive | | | | Smithfield | RI | 02917 | |
| 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) | | | | | | | |
| Manager Name Richard Pisaturo | | | | Manager Name | Manager Name | | |
| Street Address 82 Orchard Meadows Drive | | | | Street Address | Street Address | | |
| City | | State | Zip | City | State | Zip | |
| Smithfield | | RI | 02917 | | | | |
| Manager Name | | | | Manager Name | Manager Name | | |
| Street Address | | | | Street Address | Street Address | | |
| City | | State | Zip | City | State | Zψ | |
| 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).

157502

 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 Parson

Date

Richard Pisaturo - Manager

Print or Type Name of Authorized Person