

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