

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

401,222,3040 -401

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.

<i>i. ID N</i> o. 124917		Exact name of the limited liability company Intonio J. Improta, LLC					
3. State of Formation Rhode Island	1 ' '	-	•	which is actually conducted in Rhode Island ring and installation.			
5. Principal office address 40 Glen View Drive			City Cranston	State RI	<i>Ζ</i> ψ 02920		
. MAILING ADDRI Contact Name Antonio J. Improt		BILITY COMPANY AN	D NAME OR TITLE OF CONTA Contact Title Member	CT PERSON:			
Street Address 40 Glen View Drive			City Cranston	State RI	2ip 02920		
. NAME AND ADD			ED LIABILITY COMPANY, IF A		<u>LIST MEMBERS</u>		
Manager Name			Manager Name	Manager Name			
trect Address		Value and a second	Street Address	Street Address			
ity:	State	Zip	City	State	Zip		
lanager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
	IT IN RHODE ISLANI urrently of record in the		of State. Changes require filing of	I of Form 642 - R.I.G.L. 7-1	1 16-11		

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

		124917	FILED "	
Γ			FEB 1 7 2009	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.
	File Date	24:01 HV	CH:01 S009 FEB	Ant 10 1-15-09
	Check No By:	SELVED STATES STATE	P3000 438036	Signature of Afribarized Person Date Antonio J. Improta, Member
L	FO	R SECRETARY OF STATE USE ONLY	_₽ <i>\</i> € [∈]	Print or Type Name of Authorized Person