

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.

1. ID No.	2 Exact name of the limited		· · · · · · · · · · · · · · · · · · ·			
146411	_		y Company, LLC			
3. State of Formation Rhode Isla	compone	nts parts or	/or alloys; anal precious metals	yzing and a and/or cert	control of and certifying of t tifying the	
5. Principal office address metallurgical content 46 Airport Road			t bay same. Westerly	State RI	02891	
Contact Name		JITY COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:		
Jim Yip a/k/a Yau Jim						
Street Address 46 Airport Road			Westerly	State RI	^{Zip} 02891	
7. NAME AND ADD		GER OF THE LIMITED LI PACES BEFORE USING	ABILITY COMPANY, IF APPLATTACHMENTS ("X" BOX FO	ICABLE - <u>DO NOT</u> R ATTACHMENT)	LIST MEMBERS	
Manager Name Jim Yip a/k/a Yau Jim			Manager Name	Manager Name		
Street Address 46 Airport Road			Street Address			
City Westerly	State RI	^{Zip} 02891	City	State	Zīp	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	Siate	Zip	City	State	Zip	
	I NT IN RHODE ISLAND urrently of record in the (ı Office of the Secretary of S	: State. Changes require filing of F	orm 642 - R.I.G.L. 7-1	16-11	

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

	2 4 2
File Date	3-2-09
Check No	A 1056 P 1036
Ву:	mne
	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.

Jim Yip a/k/a Yau Jim

Print or Type Name of Authorized Person