



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Communications Division
246 W. River Street
Providence, RI 02904-2615
(401) 222-9880

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

1. ID No. 290977		2. Exact name of the limited liability company Air Quality Sciences, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Mold remediation			
5. Principal office address 6 Strawberry Lane		City Warren		State RI	Zip 02885
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Daryl W. Gould		Contact Title Manager			
Street Address 6 Strawberry Lane		City Warren		State RI	Zip 02885
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) <input type="checkbox"/>					
Manager Name Daryl W. Gould		Manager Name Joel Allcock			
Street Address 6 Strawberry Lane		Street Address 1117 Douglas Ave, Unit 107			
City Warren	State RI	Zip 02885	City North Providence	State RI	Zip 02904
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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).

290977

File Date	4-22-09	22-2 PM 22 APR 2009
Check No.	1296	
By:	mnc	RECEIVED STATE COMMUNICATIONS DIV
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.

Daryl W. Gould **3/10/09**
Signature of Authorized Person Date
Daryl W. Gould, Manager
Print or Type Name of Authorized Person