



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

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

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. <b>135621</b>		2. Exact name of the limited liability company <b>DENNIS MOFFITT PAINTING, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>House painting, Interior and Exterior, and all things pertinent.</b>			
5. Principal office address <b>1428 Kingstown Road</b>		City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Dennis M. Moffitt</b>			Contact Title <b>Manager</b>		
Street Address <b>1428 Kingstown Road</b>		City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Dennis M. Moffitt</b>			Manager Name <b>Dennis M. Moffitt, Jr.</b>		
Street Address <b>1428 Kingstown Road</b>			Street Address <b>1428 Kingstown Road</b>		
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>Orson and Brusini Ltd.</b>			Address		
Address <b>325 Angell Street, Providence RI 02906</b>			City	State	Zip

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

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.

*Dennis M. Moffitt*  
 Signature of Authorized Person Date 4/30/09

**Dennis M. Moffitt, Manager**

Print or Type Name of Authorized Person

File Date	<u>4-30-09</u>
Check No.	<u>6783</u>
By:	<u><i>mnc</i></u>
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