



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. 135621		2. Exact name of the limited liability company DENNIS MOFFITT PAINTING, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island House painting, Interior and Exterior, and all things pertinent.			
5. Principal office address 1428 Kingstown Road			City South Kingstown	State RI	Zip 02879
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Dennis M. Moffitt			Contact Title Manager		
Street Address 1428 Kingstown Road			City South Kingstown	State RI	Zip 02879
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 Dennis M. Moffitt			Manager Name Dennis M. Moffitt, Jr.		
Street Address 1428 Kingstown Road			Street Address 1428 Kingstown Road		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
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 Orson and Brusini Ltd.			Address		
Address 325 Angell Street, Providence RI 02906			City	State	Zip

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 CORPORATIONS DIV
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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 4/30/09
 Date

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>
FOR SECRETARY OF STATE USE ONLY	