

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

Providence, RI 02904-2615 401.222.3040

2009

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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THIS REPOR	RT MUST I	BE TYPED OF	RPRINTED	LEGIBLY I	N BLACK INK

1. ID No. 000484725		name of the limited liability e Aid Services, LL					
3. State of Formation Rhode Island		4. Brief description of the Consultation	character of the husiness whi	ch is actually conducted in Rhode Islan	d		
5. Principal office address 387 Sayles Ave		21/11/17 TMM	. 4446	City Pascoag	State Rhode I	sland	<i>Zip</i> 02859
6. MAILING ADDRE Contact Name Raymond E. Nau		MITED LIABILITY C	COMPANY AND NAME	OR TITLE OF CONTACT PERS Contact Title President	SON:		•
Street Address 387 Sayles Avenue				City Pascoag	State Rhode I	sland	<i>Хір</i> 02859
		FILL IN SPACES I	BEFORE USING ATTAC	LITY COMPANY, IF APPLICAL CHMENTS ("X" BOX FOR AT ING OF AMENDMENT, R.I.G.I Manager Name	TACHMENT)		
Street Address				Street Address			
City		State	Zip	Сйу	State Zip		Zip
Manager Name			***************************************	Manager Name	.1	*************	J
Street Address		, ,,	**************************************	Street Address	**************************************		
City		State	Zip	City	State		Zip
8. RESIDENT AGEN Agent Name Raymond E. Nault		DDE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 - Address	R.I.G.L. 7-1	6-11	•
Address 387 Sayles Avenue				City Pascoag	74p 02859		1.
							22

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



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.

Raymond E. Nault Jr, President

Print or Type Name of Authorized Person

Form 632 Rev. 08/06



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

Providence, RI 02904-2615 401.2223040

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Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name	••••••		Manager Name				
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City	State	Zip	City	State	Zip		
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Check No.	
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Print or Type Name of Authorized Person