



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 2009

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. 140665		2. Exact name of the limited liability company BERSTEIN-MAGOON-GAY, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL OF TOWELS, LINENS & UNIFORMS			
5. Principal office address 2 GALE COURT		City NORTH PROVIDENCE	State RI	Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAMES MALANDRA		Contact Title CFO			
Street Address 100 MATSONFORD RD STE. 503		City RADNOR	State PA	Zip 19087	
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 JOSEPH H. BERSTEIN		Manager Name JAY MAGOON			
Street Address 100 MATSONFORD RD. STE 503		Street Address 156 LOVELY ST.			
City RADNOR	State PA	Zip 19087	City UNIONVILLE	State CT	Zip 06085
Manager Name WILLIAM GAY		Manager Name			
Street Address 198 OAKLAND ST.		Street Address			
City BRISTOL	State CT	Zip 06010	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).

140665

FILED	
File Date	SEP 14 2009
Check No.	14368
By:	By: <u>James P. Malandra</u>
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.

James P. Malandra 9/4/09
Signature of Authorized Person Date
JAMES MALANDRA, CFO
Print or Type Name of Authorized Person