

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.

7. ID No. 152406	· ·	ct name of the limited liability company consible Solutions, LLC				
3. State of Formation Rhode Island	LOONED TIME DITCINECE		ousiness which is actually conducted in R	Rhode Island	•	
5. Principal office address 60 South County Commons Way, G4		City Wakefield	State RI	7 <i>ip</i> 02879		
6. MAILING ADDI Contact Name Susan Rochford	RESS OF LIMITED LI	ABILITY COMPANY AN	D NAME OR TITLE OF CONTA Contact Title	CT PERSON:		
Street Address 75 Edgewood Farm Road			^{City} Wakefield	State RI	<i>Zip</i> 02879	
T NIAME AND AT	DBECC OF EACH MA	MACED OF THE LIMIT	ED LIABILITY COMPANY, IF A	PPLICABLE - DO NO	T LIST MEMBERS	
. NAME AND AD		IN SPACES BEFORE US		FOR ATTACHMENT)		
Manager Name			ING ATTACHMENTS ("X" BOX			
Manager Name Street Address			ING ATTACHMENTS ("X" BOX Manager Name			
Manager Name Street Address City	FILL	IN SPACES BEFORE US	ING ATTACHMENTS ("X" BOX Manager Name Street Address	(FOR ATTACHMENT)		
Manager Name Street Address City Manager Name Street Address	FILL	IN SPACES BEFORE US	ING ATTACHMENTS ("X" BOX Manager Name Street Address City	(FOR ATTACHMENT)		

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

152406

File Date 10-15-09
Check No. 1111
By: MMC
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.

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Date

Susan Rochford