



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

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. <u>144699</u>	2. Exact name of the limited liability company <u>Franks Professional Snowplowing &amp; Apartment Investments LLC.</u>				
3. State of Formation <u>Rhode Island</u>	4. Brief description of the character of the business which is actually conducted in Rhode Island <u>snowplowing / fix houses / Rentals - Handyman</u>				
5. Principal office address <u>110 Sherwood ST</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Francisco Cruz</u>		Contact Title <u>Francisco Cruz</u>			
Street Address <u>110 Sherwood ST</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	
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 <u>Same</u>		Manager Name <u>Same</u>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name <u>none</u>		Manager Name <u>none</u>			
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 <u>None</u>		Address <u>none</u>			
Address <u>none</u>		City <u>none</u>		Zip	

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

File Date	<b>FILED</b>
Check No.	<b>NOV 24 2009</b>
By:	<u>1004</u>
By <u>FOR SECRETARY OF STATE USE ONLY</u>	

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.

Francisco Cruz 11/23/09  
Signature of Authorized Person Date  
Francisco Cruz  
Print or Type Name of Authorized Person