RI SOS Filing Number: 200955216280 Date: 11/25/2009 4:00 PM

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.	2. Exact name of the limited liability company		
451020	BEST TECHNICAL HOME INSPECTIONS LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RI	RESIDENTIAL HOME INSPECTIONS		
5. Principal office address	City	State	Zip
74 MESSINA ST	PROVIDENCE	RI	02908

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
ANTHONY W BOCSKOVITS	OWNER		
Street Address	City	State	Zip
74 MESSINA ST	PROVIDENCE	RI	02908

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) ☐

Manager Name	Manager Name		
ANTHONY W BOCSKOVITS			
Street Address	Street Address		
74 MESSINA ST			
City / State / Zip	City / State / Zip		
PROVIDENCE / RI / 02908			
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	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).

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[redacted]

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.

Anthony W Bocskovits 11/25/09
Signature of Authorized Person *Date*

ANTHONY W BOCSKOVITS
Print or Type Name of Authorized Person

FILED
File Date NOV 25 2009
Check No. 5124700
By: By
FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 632 Rev. 08/08

40572-2-458218