



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 2010

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. 144114		2. Exact name of the limited liability company A.R.S. Restoration Specialists, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island restoration of damaged property due to water, mold and fire.	
5. Principal office address 38 Craft Street		City Newton	State MA
		Zip 02458	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Richard Piltch		Contact Title President	
Street Address 38 Craft Street		City Newton	State MA
		Zip 02458	
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 Dan Morse		Manager Name	
Street Address 223 Walcott Street		Street Address	
City Pawtucket	State RI	Zip 02860	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State		State	
Zip		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).

144114

File Date	9-9-2010
Check No.	73466
By:	<i>[Signature]</i>
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.

[Signature] 8/19/10
Signature of Authorized Person Date
Richard Piltch
Print or Type Name of Authorized Person