

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. 133220		name of the limited liability company on & Sons Home Improvement, LLC				
3. State of Formation Rhode Island	4. Brief descrip Contractor	tion of the character of the	business which is actually conducted in Rh	bode Island	<u> </u>	
5. Principal office address 155 Columbus Avenue			City Pawtucket	State Rhode Island	Zip 02860	
Edward A. Heon		BILITY COMPANY AN	ID NAME OR TITLE OF CONTAC Contact Title Member	T PERSON:	102000	
Street Address 155 Columbus Avenue			City Pawtucket	State Rhode Island	_{Zip} 0286 0	
7. NAME AND ADI Manager Name	DRESS OF EACH MAN FILL IN	AGER OF THE LIMIT SPACES BEFORE US	ED LIABILITY COMPANY, IF AP ING ATTACHMENTS ("X" BOX : Manager Name	PLICABLE - <u>DO NOT LIS</u> FOR ATTACHMENT)	T MEMBERS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
lanager Name			Manager Name	Manager Name		
treet Address			Street Address	Street Address		
îity	State	Zip	Сііу	State	Zip	
	NT IN RHODE ISLAND turrently of record in the	Office of the Secretary	of State. Changes require filing of	 Form 642 - R.I.G.L., 7-16-11	1	

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

133220

File Date	FILED
Check No.	OCT 27 2010
Ву:	By Mnc
] 1	FOR SECRETARY OF SALE US 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 of Authorized Person

HEON JR.

Print or Type Name of Authorized Person