RI SOS Filing Number: 201072950510 Date: 12/28/2010 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 2010

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.	2. Exact name of the limited liability company
505221	ANDERLY'S HOME REPAIR & MAINTENANCE, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	PERFORMED HOME REPAIRS & MAINTENANCE.

5. Principal office address	City	State	Zip
28 LAURA CIRCLE	CRANSTON	RI	02920

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

Contact Name	Contact Title
GLENN C. ANDERLY	

Street Address	City	State	Zip
28 LAURA CIRCLE	CRANSTON	RI	02920

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
Street Address	Street Address
City / State / Zip	City / State / Zip
Manager Name	Manager Name
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	Address
Address	City / Zip

2010 DEC 28 PM 3:19

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

[redacted]

FILED

File Date DEC 28 2010

Check No. 133929

By: BY

FOR SECRETARY OF STATE USE ONLY

566391-568629

[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.

Glenn C. Anderly 12-28-10
Signature of Authorized Person *Date*

Print or Type Name of Authorized Person

Form 632 Rev. 07/07