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 2011

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. 536199	*2. Exact name of the limited liability company* PAFCO & DAUGHTERS HANDYMAN SERVICES, LLC		
3. State of Formation Rhode Island	*4. Brief description of the character of the business which is actually conducted in Rhode Island* Handyman services and all other lawful purposes		
5. Principal office address 38 Davis Road	*City* North Scituate	*State* RI	*Zip* 02857

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

Contact Name Patrick A. Fleming	*Contact Title*		
Street Address 38 Davis Road	*City* North Scituate	*State* RI	*Zip* 02857

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 Kevin G. Dodd, Esq.	*Address*	
Address 215 Broadway	*City* Providence	*Zip* 02903

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

FILED
File Date SEP 15 2011
Check No. 19493
By BY
FOR SECRETARY OF STATE USE ONLY
67675-8-550249

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.

Patrick A. Fleming Member 9-12-2011
Signature of Authorized Person *Date*

Patrick A. Fleming, Member
Print or Type Name of Authorized Person

Form 632 Rev. 07/07