

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* - 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. 000485661		t name of the limited liability company lan & Son LLC							
3. State of Formation A. Brief description of the character of the bulk Residential remodeling			isiness which is actually conducted in Rhode Island						
5. Principal office address 63 Longmeadow Road			City Portsmouth	2.0					
6. MAILING ADDRE	SS OF LIMITED	LIABILITY COMPANY AN	Ontact Title OF CONTACT Contact Title Owner	CT PERSON:					
Street Address 63 Longmeadow F			City Portsmouth	State RI	<i>Zip</i> 02871				
7. NAME AND ADDI	RESS OF EACH M	ANAGER OF THE LIMIT LIN SPACES BEFORE US	ED LIABILITY COMPANY, IF AF ING ATTACHMENTS ("X" BOX	PLICABLE - <u>DO NO</u> FOR ATTACHMENT)	I LIST MEMBERS				
Manager Name	_		Manager Name	The second s					
Street Address			Street Address						
City	State	Zip	City	State	Zip				
Manager Name	***************************************	·····	Manager Name	Manager Name					
Street Address			Street Address	Street Address					
City	State	Zip	City	State	Zip				
8. RESIDENT AGENT This information is cur			y 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).

000485661

File D	váda F		FIL	ED		
Check		<u>0C</u>	T 3	1 201	1	
Ву:	BY		d	19		
	FOR !	SECRETAI	RY OF	STATE U	ISE 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

Jay A Catalan

Print or Type Name of Authorized Person