



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. 000508885		2. Exact name of the limited liability company Timtech LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Website sales	
5. Principal office address P.O. Box 28		City West Kingston	State RI
			Zip 02892
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Tim Linden		Contact Title owner	
Street Address P.O. Box 28		City West Kingston	State RI
			Zip 02892
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name National Registered Agents		Address	
Address 222 Jefferson BLVD suite 200		City warwick	Zip 02888

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

FILED

FEB 09 2012

By: 163055
DS

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.

Tim Linden
Signature of Authorized Person

Date

Tim Linden
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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