



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2012

1. ID No. 000514220

2. Exact Name of the Limited Liability Company Marsden Holding, L.L.C.

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Janitorial services and consumable supplies

5. Principal Office Address

No. and Street: 380 ST. PETER STREET, #603

City or Town: ST. PAUL State: MN Zip: 55102 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 380 ST. PETER STREET, #603

City or Town: ST. PAUL State: MN Zip: 55102 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	CHRISTOPHER REID	380 ST. PETER ST., #603 SAINT PAUL, MN 55102 USA
MANAGER	SITA MORANTZ	380 ST. PETER ST., #603 SAINT PAUL, MN 55102 USA
MANAGER	CRAIG FLOM	10350 BREN ROAD W. MINNETONKA, MN 55343 USA
MANAGER	JEFFREY PACKEE	124 NO. 121ST ST. MILWAUKEE, WI 53226 USA
MANAGER	CHRIS NORGRN	1717 UNIVERSITY AVE. W.

MANAGER	THOMAS KRUSE	ST. PAUL, MN 55104 USA 5730 S. 32ND ST. PHOENIX, AZ 85040 USA
MANAGER	STEVEN KLEIN	1717 UNIVERSITY AVE. W. ST. PAUL, MN 55104 USA
MANAGER	GUY MINGO	380 ST. PETER ST., #603 SAINT PAUL, MN 55102 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903

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

Signed this 10 Day of October, 2012 at 2:23:21 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By CAROLE GATTEN
Signature of Authorized Person

Form No. 632
Revised 09/07