

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		ne of the limited liability				
000158354	Chrysalis Environmental Solutions, LLC					
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island		nental Sales and				
5. Principal office address 162 Old Great Road			City North Smithfield	State RI	Zip 02896	
6. MAILING ADDRESS CITE		Yasaliyan kantony	Medeleranderdirektionen	[:(e)		
Contact Name Cherie Fisher			Contact Title Managing Member/Partner			
Street Address 162 Old Great Road			City North Smithfield	State RI	Zip 02896	
7. LIST ALL MANAGERS (N ("X" BOX FOR ATTACHM	AMES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF A	1146 (145 4) (1	(Carl Balmembers	
Manager Name Cherie Fisher			Manager Name Karen LeBoeuf			
Street Address 162 Old Great Road			Street Address 29 Martins Way			
City North Smithfield	State RI	Zip 02896	City Lincoln	State RI	Zip 02865€	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip O S S T S	
8. RESIDENT AGENT IN RH	ODE ISLAND			7788048		
This information is current	ly of record in th	e Office of the Secret	ary of State. Changes require filir	ng Form 642.		

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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

Cherie Fisher

Print or Type Name of Authorized Person

File Date: Okiasis Check No.

Check No.

By:

POR SECRETARY OF STATE USE ONLY.

Form No. 632 Revised: 01/2012