



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1333  
401.222.3041

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>129251</b>		2. Exact name of the limited liability company <b>KaitEd Home Maintenance &amp; Improvements, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>HOME REPAIRS AND IMPROVEMENTS</b>	
5. Principal office address <b>135 109 RD.</b>		City <b>HARRISVILLE</b>	State <b>RI</b>
		Zip <b>02830</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Edward J. Maione Sr.</b>		Contact Title <b>Owner</b>	
Street Address <b>135 109 RD.</b>		City <b>HARRISVILLE</b>	State <b>RI</b>
		Zip <b>02830</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name <b>Edward J. Maione</b>		Manager Name	
Street Address <b>135 109 RD.</b>		Street Address	
City <b>HARRISVILLE</b>	State <b>RI</b>	City	State
Zip <b>02830</b>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <b>EDWARD J. MAIONE, SR.</b>		Address	
Address <b>135 LOG ROAD</b>		City <b>HARRISVILLE</b>	Zip <b>02830</b>

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	<b>10/13/05</b>	*129251*
Check No.	<b>1534</b>	
By:	<b>CXC</b>	
FOR SECRETARY OF STATE USE 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.

**Edward J. Maione Sr.** 9/8/05  
Signature of Authorized Person Date  
**Edward J. Maione Sr.**  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3044

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 129251		2. Exact name of the limited liability company KaitEd Home Maintenance & Improvements, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Home Repairs + Improvements	
5. Principal office address 135 105 Rd.		City Hartisville	State RI
		Zip 02830	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Edward J. Maione Sr.		Contact Title owner	
Street Address 135 105 Rd.		City Hartisville	State RI
		Zip 02830	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Edward J. Maione Sr.		Manager Name	
Street Address 135 105 Rd.		Street Address	
City Hartisville	State RI	City	State
Zip 02830		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 EDWARD J. MAIONE, SR.		Address	
Address 118 BRINTON AVENUE		City WARWICK	Zip 02889

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 1 2 9 2 5 1 \*

File Date	9/28/04
Check No.	1324
By:	DA
FOR SECRETARY OF STATE USE 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.

Edward J. Maione Sr. 9/9/04  
Signature of Authorized Person Date  
Edward J. Maione Sr.  
Print or Type Name of Authorized Person