

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Divisio. 100 North Main Stree Providence, RI 02903-133

2005

Matthew A. Brown, Secretary of State

401.222.304

LIMITED LI	ABIL	ITY COMPA	NY ANNUAL	REPORT FOR	THE YEAR	2005
Filing Period: Septen			Filing Fee: \$50.00		~	
(FORM MUST BE TYPED	OR PRINT	ED IN BIAČK)				
1. ID No.	2. Exact r	nci name of the limited liability company				
129251		itEd Home Maintenance & Improvements, LLC				
3 State of Formation		4. Brief description of the	e character of the hustness wh	ich is actually conducted in Rh	ode Island	
RHODE ISLAND HOME REPAIRS AND IMPROVEMENTS			ND IMPROVEMENTS			
5. Principal office address				City	State	Zip
6. MAILING ADDRE	SS OF LI	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTAC	っ 内口	E, 02830
Contact Name	^			Contact Title		
Edw	2) L	J. Mai	one st.	OWNES		
Street Address	09	RD.		HATTIS VILLE	siaic Ri	Zp 02830
7. NAME AND ADDE		FILL IN SPACES		ILITY COMPANY, IF AP CHMENTS - ("X" BOX I JNG OF AMENDMENT,		
Manager Name Elward I MAIONE			Manager Name			
Sirect Address 135 /	a P	. L	,	Street Address	· · · · · · · · · · · · · · · · · · ·	
HATTIS EN	ر اع	State AI	Zip 02830	City	State	Zip
Manager Name		,		Manager Name	***************************************	***************************************
Sirect Address				Street Address		
Cuy		State	Zip	City	State	Zip
8. RESIDENT AGENT Agent Name	I I IN RHC	DDE ISLAND - DO 1	NOT ALTER - Changes	equire filing of Form	 642 - R.I.G.L. 7-1	 6-11
EDWARD J. MAIONE,	SR		··			
Address				City		Zip
135 LOG ROAD			HARRISVILLE 02830-		02830-	

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

File Date _	10/13/05	*129251*	
Check No	1534	<u> </u>	
By:	CXC	·	
FC	OR SECRETARY OF STA	TE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statements contained herein are true and correct.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State'

Corporations Divisic 100 North Main Stre Providence, RI 02903-133 401.222.304

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______ 2004

FORM MUST BE TYPED	OK PRINTEIT IN BLACK)				
1. ID No	2. Exact name of the limited liability company				
129251	KaitEd Home Maintenan	ice & Improvements, LL	С		
3. State of Formation	4 Brief description of	f the character of the business	which is actually conducted in Rhode I.	sland	
RHODE ISLAND	Home	Pelais +	Inhaenens		
5 Principal office address	- •	•	City	State	Z(p
م/ سی 3 / 6. MAILING ADDRE	S OF LIMITED LIABILIT	TY COMPANY AND NA	ME OR TITLE OF CONTACT P	ERSON:	8783c
Contact Name	_		: Contact Title		
Eduard J Majore St.			OUNET		
Street Address		<u> </u>	Gilv	State	Zip
135 log RD,			HARTISUILLE	RE	02830
7. NAME AND ADDI	RESS OF EACH MANAGE			_	
A N'			TACHMENTS ("X" BOX FOR		
	I MODIFICATIONS TO R	MANGERS REQUIRES	FILING OF AMENDMENT, R.I.	G.L. 7-10-12 (a) (2)	1 / 7-16-52
Manager Name A A			Manager Name		
	1 -		Manager Name		
Eduat	LJ. N	Mione s.	Manager Name		
Eduar	d J. N	Vione ST.	Manager Name Sinva Address		
Eduar	d J. N	Vione ST.			
Sircei Address 135 16	d I N	14/00P ST.		State	Zip
Sircei Address 135 16	d J. N og R.S. e State RI	4/000 ST.	Sinvi Addriss	State	Zip
Eduation Address The Hartisult	d IN	14/0NE ST.	Sinvi Addriss City	State	Zip
Street Address City Manager Name	e State Prince	4/000 ST.	Sinvi Addriss	State	Zip
Street Address 12 16 City Manager Name	State PAI	14/0NE ST.	Sinvi Addriss City	State	Zip
Eduation Street Address 135 10 City HONT: Suill-	d I N	14/0Ne 51.	Sinvi Address City Manager Name	State	Zip
Sirvei Address 12 16 City HONT: Suill- Manager Name Sirvei Address	State State	210 02830	Sinvi Address City Manager Name	State	
Sirvei Address 12 16 City Manager Name	e hi	02830	Sinvi Address City Manager Name Sinvi Address		Zip Zip
Street Address LZ LA City Manager Name Street Address City	E. State	2.ip	Sinvi Address City Manager Name Sinvi Address	State	
Thy January Name Survey Address Thy Survey Address Thy R. RESIDENT AGEN	E. State	2.ip	Sinvi Address City Manager Name Sinvi Address City	State	
Street Address Tity Manager Name Street Address Tity B. RESIDENT AGENT Agent Name	State T IN RHODE ISLAND - D	2.ip	Sinvi Address City Manager Name Sinvi Address City es require filing of Form 64	State	
Thy JANT Sull- Standard Name Street Address Thy B. RESIDENT AGENT Agent Name EDWARD J. MAIONE	State T IN RHODE ISLAND - D	2.ip	Sinvi Address City Manager Name Sinvi Address City es require filing of Form 64 Address	State 2 - R.I.G.I 7-16-11	
Street Address LZ LA City Manager Name Street Address City C	State T IN RHODE ISLAND - D SR.	2.ip	Sinvi Address City Manager Name Sinvi Address City es require filing of Form 64	State	

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



File Date	91	28/04	
Check No.		1324	
Ву:		DA	
FOR SECRETARY OF STATE USE ONLY			

Under penalty of perjury, I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all statement contained herein are true and correct.

Elwww Imacone st. 9/9/01/ Signature of Authorized Person Date

Flust J MANNE ST.