RALPH MOIL	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	treet)4-2615	
etary of	(101) 222 30		
Limited Liability Con Annual Report Filing Period: September 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	: <u>2011</u>		
1. ID No. <u>000136376</u>			
2. Exact Name of the Limited Liability Company MAYTAG SERVICES, LLC			
3. State of Formation			
State: DE			
REPAIR SERVICES 5. Principal Office Addre	ess		
	00 NORTH M-63		
	ENTON HARBOR State: <u>N</u>	<u>11</u> Zip: <u>49022</u> Count	ry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 2000 NORTH M-63 MD 2900 City or Town: BENTON HARBOR State: MI Zip: 49022 Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	code, Country
	RHODE ISLAND - DO NOT ALTER Ig of Form 642 - R.I.G.L. 7-16-11		
CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888-			
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).			

Signed this 18 Day of June, 2012 at 3:13:01 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 <u>MARGARET MCLEOD</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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