



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. 140493		2. Exact name of the limited liability company GAGNE & LAVIGNE SERVICES LLC.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Home Improvement			
5. Principal office address 67 EAST AVE		City North Providence	State RI	Zip 02911	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Dennis M Gagne, Jr.			Contact Title OWNER		
Street Address 67 EAST AVE		City North Providence	State RI	Zip 02911	
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 Dennis M Gagne, Jr.			Manager Name		
Street Address 67 EAST AVE		Street Address			
City North Providence	State RI	Zip 02911	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	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 DENNIS M. GAGNE, JR.			Address		
Address 67 EAST AVENUE		City NORTH PROVIDENCE		Zip 02911-	

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



File Date	8/31/05	*140493*
Check No.	207	
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.

Signature of Authorized Person
8-29-05
Date
Dennis M Gagne, Jr.
Print or Type Name of Authorized Person