

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street Providence, RI 02904-2615

Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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

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.

1. ID No.	2. Exact name of the limited	Exact name of the limited liability company				
154807	EXOTIC 10, LLC					
3. State of Formation RHODE ISLAND	4. Brief description	of the character of the	e business which is actually conducted in Ri oting for Dating Ser City	bode Island	, ( dei	
5. Principal office address 142 Akningfon St j			PROV.	PI	Zip 02965	
Contact Name			ND NAME OR TITLE OF CONTAC Contact Title OVNEX	T PRINCE	less.	
Street Address	Armington	St	City Prov	State RI	2ip 02905	
7. NAME AND ADDE	ESS OF EACH MANAG	er of the limi	TED TRABILLTY COMPANY, IF AS SINGS ATTACHMENTS :: (X** BÓX Manager Name	FOR ATTACHMENT)	LIST MEMBERS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	••••••••••		Manager Name		J	
Street Address			Street Address	Street Address		
City	State	Zip	City	State	<b>Zi</b> p	
8. RESIDENT AGENT Agent Name AARON OLIVERIA	' IN RHODE ISLAND -	DO NOT ALTER	Changes require filing of Form	n 642 - R.I.G.L. 7-16-11	1	
Address 142 ARMINGTON STREET			City PROVIDENCE	Ζφ <b>029</b>	2ip <b>02905-</b>	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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Check No.	SEP 4 2007
Ву:	By 11779968688
;	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

Acs 3,207

AGYON OLIVEIRA

Print or Type Name of Authorized Person