

A. Ralph Mollis, Secretary of State

Corporations Division

148 W. River Street

Providence, RI 02904-2615 401.222.3040

2007

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR\_\_\_

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 limite	2. Exact name of the limited liability company							
128409	Studio Astreaux, LL0								
3. State of Formation RHODE ISLAND	4. Brief description DESIGN CO	m of the character of the NSULTING SERVIC	e business which is actually conducted in Rh ES	oode Island					
5. Principal office addres. 30 WKL	EY STREET		City BP1STUL	State	<sup>Zip</sup> (Z 38)				
Contact Name FERPY T	iss of limited liabi (SON	LITY COMPANY A	ND NAME OF TITLE OF CONTAC Contact Title PRESI DENT	T PERSON:	1 -				
30 WALLEY STREET			City BP157U	State P 1	2ip 02009				
7. NAME AND ADDI	RESS OF EACH MANA FILL IN S	GER OF THE LIMI PACES HEFORE U	IED LIABILITY COMPANY, IF AF SING ATTACHMENTS ("X" BOX Manager Name	PLICABLE - DO NOT FOR ATTACHMENT)	LIST MEMBERS				
Street Address			Street Address	Street Address					
City	State	Zip	City	State	Zip				
Manager Name		••••••••	Manager Name	Manager Name					
Street Address			Street Address	Street Address					
City	State	Zip	City	State	Zip				
8 RESIDENT AGEN Agent Name KERRY TYSON	T IN RHODE ISLAND	DO NOT ALTER	Changes require filing of Form  Address	   <b>642 - R.</b> J.G.L. 7-16-11	l				
Address 30 WALLEY STREET			City BRISTOL	Zip 02	809-				

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

Flie Date		LE	D		
Check No.	SEP	05	2007	7	
<i>a</i> y <b>E</b>	<b>y</b>	109	3		
	POR SECR	ETARY C	FSTATE	USE ONLY	B

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

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