

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

## 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 limited liability company							
135916	GRACE - WEDDING & EVENT DESIGNERS, LLC							
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island							
RHODE ISLAND	WEDDING AN	D EVENT PLANNING						
5. Principal office address <b>27</b>	Varmout	h Drive	Westerly	State	)2841			
6. MAILING ADDRES	s of limited liabili	TY COMPANY AND NAME	OR TITLE OF CONTACT P	ERSON:	<b>0</b> -0 ()			
	nniferlee	BRIMON	Contact Title					
Street Address 21	■ 77% 78 × 27% 1 30 × 27% 1 30 ×	h Drive	Westerly	State RJ	6289 j			
7. NAME AND ADDR	ESS OF EACH MANAG		DATY COMPANY, IP APPEA		OT LIST MEMBERS			
Manager Name	PILLANSP	aces before using att	ACHMRN'S (X'BOX FOR  Manager Name	ATTACHMENT)				
Street Address	, <del></del>		Street Address					
City	State	Zip	City	State	Zip			
Manager Name	***************************************		Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT	IN RHODE ISLAND: 1	OO NOT ALTER - Changes	require filing of Form \$4	2 - R.I.G.L. 7-1	6-11			
Agent Name			Address					
JENNIFER LEE BRINTO	ON							
Address			City	City Zip				
27 YARMOUTH DRIVE			WESTERLY 02891-					

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

File Date	FILED	
Check No	SEP 0 6 2007	
Ву:	By 543	
FOI	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.

Senitur	e Du	o tor	9/1/0
signature of Suthorized Pers	Lee	$B_{\it Ri}^{\it Date}$	nton
Print or Type Name of Auth	orized Person	, , , , ,	,,-,