

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 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.

	La E	43 4 4 44 44						
1. ID No.	2. Exact name of the limited liability company							
150138	OCEAN	IN STATE DREAM DOGS, LLC						
3. State of Formation 4. Brief description of the character of the business who				1				
RHODE ISLAND DOG TRAINING & DOG OWNERSHIP INSTE			RUCTION					
5. Principal office address			City	State 1-		Zip		
843 Reservoir Hounue				Cranston	State R.J	_	Zip 02910	
	SS OF L	MITED LIABILITY	OMPANY AND NAME	OR TITLE OF CONTACT PERS	ONE	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	
Contact Name				Contact Title President				
Street Address 19 Newport Street								
Street Address				City P	State D:		Zip	
19 Newport Street				Providence	~-		02904	
The state of the s	and the same have an account.	Control of the Contro	Committee of the commit	LITY COMPANY, IF APPLICAB	LE - DO N	OT LIST	MEMBERS	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)								
Manager Name				Manager Name				
Street Address				Street Address				
City		State	Zip	City	State		Zip	
Manager Name				Manager Name				
Street Address				Street Address				
				<b>!</b>				
City		State	Zip	City	State		Zip	
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes								
Agent Name				Address				
CORPORATION SERVI	ICE COMP	PANY						
Address				City		Zip		
222 JEFFERSON BOULEVARD, SUITE 200				WARWICK		02888-		

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

File Date	FILED
rue Date _	CED 0 5 2007
Check No	SEP 93 ZWI
Ву:	By 1030
F	OR 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

Date

Kevin P. England

Print or Type Name of Authorized Person