



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

1. ID No. 146096		2. Exact name of the limited liability company Living Art Theatricks, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROMOTION AND PRODUCTION OF YOUTH THEATRICAL AND MUSICAL ENTERTAINMENT	
5. Principal office address 66 PADDOCK DRIVE		City WARWICK	State RI
		Zip 02886-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JEFFREY T BUCO		Contact Title	
Street Address 66 PADDOCK DRIVE		City WARWICK	State RI
		Zip 02886-	
7. NAME AND ADDRESS OF EACH INDIVIDUAL WHO IS AN OWNER OF THE COMPANY TO WHICH THIS REPORT IS BEING FILED (SEE INSTRUCTIONS TO FORM 632, RI-001-0001)			
Manager Name None		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
• Manager Name	•	•	• State
•	•	•	• Zip
Street Address		• Street Address	
City	State	Zip	• City
•	•	•	• State
•	•	•	• Zip
8. RESIDENT AGENT IN RHODE ISLAND (SEE INSTRUCTIONS TO FORM 632, RI-001-0001)			
Agent Name FREDERIC A. MARZILLI		Address 685 WARREN AVENUE	
Address		City EAST PROVIDENCE	Zip 02914-

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



146096 DLLC 07/31/07 10:24:39 AM

File Date 9-7-07

Check No. 1470

By: [Signature]

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

Date

Jeffrey T. Bucu, Member

Print or Type Name of Authorized Person