



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

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. 131750		2. Exact name of the limited liability company MCLANE/HANSEN RED HOUSE RHODE ISLAND, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MARKETING CONSULTING & ADVERTISING SERVICES			
5. Principal office address 7 Old Roswell Street		City ALPHARETTA	State GA	Zip 30004	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Terry McLane			Contact Title CFO		
Street Address 7 Old Roswell Street		City ALPHARETTA	State GA	Zip 30004	
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) <input type="checkbox"/>					
Manager Name Terry McLane			Manager Name DAN HANSEN		
Street Address 7 Old Roswell Street		Street Address 7 Old Roswell Street			
City ALPHARETTA	State GA	Zip 30004	City ALPHARETTA	State GA	Zip 30004
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CORPORATION SERVICE COMPANY			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK		Zip 02888-	

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

File Date	9/10/07
Check No.	4382
By:	mme
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.

Terry McLane **9/4/07**
Signature of Authorized Person Date
TERRY MCLANE
Print or Type Name of Authorized Person