



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.<br><b>118229</b>                                                                                                                                                                            |              | 2. Exact name of the limited liability company<br><b>Kalju Studios, LLC</b>                                                            |                      |
| 3. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                          |              | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>PRODUCT AND GRAPHIC DESIGN</b> |                      |
| 5. Principal office address<br><b>35 ARCH ST.</b>                                                                                                                                                     |              | City<br><b>PROVIDENCE</b>                                                                                                              | State<br><b>RI</b>   |
|                                                                                                                                                                                                       |              | Zip<br><b>02907</b>                                                                                                                    |                      |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                  |              |                                                                                                                                        |                      |
| Contact Name<br><b>ROBERT HUTTON IV</b>                                                                                                                                                               |              | Contact Title<br><b>DIRECTOR</b>                                                                                                       |                      |
| Street Address<br><b>35 ARCH ST.</b>                                                                                                                                                                  |              | City<br><b>PROVIDENCE</b>                                                                                                              | State<br><b>RI</b>   |
|                                                                                                                                                                                                       |              | Zip<br><b>02907</b>                                                                                                                    |                      |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>FILL IN SPACES BEFORE USING ATTACHMENTS (*X BOX FOR ATTACHMENT) <input type="checkbox"/> |              |                                                                                                                                        |                      |
| Manager Name                                                                                                                                                                                          |              | Manager Name                                                                                                                           |                      |
| Street Address                                                                                                                                                                                        |              | Street Address                                                                                                                         |                      |
| City                                                                                                                                                                                                  | State        | Zip                                                                                                                                    | City                 |
| State                                                                                                                                                                                                 | State        | Zip                                                                                                                                    | City                 |
| Manager Name                                                                                                                                                                                          | Manager Name |                                                                                                                                        |                      |
| Street Address                                                                                                                                                                                        |              | Street Address                                                                                                                         |                      |
| City                                                                                                                                                                                                  | State        | Zip                                                                                                                                    | City                 |
| State                                                                                                                                                                                                 | State        | Zip                                                                                                                                    | City                 |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11                                                                                              |              |                                                                                                                                        |                      |
| Agent Name<br><b>ROBERT HUTTON, IV</b>                                                                                                                                                                |              | Address                                                                                                                                |                      |
| Address<br><b>35 ARCH STREET</b>                                                                                                                                                                      |              | City<br><b>PROVIDENCE</b>                                                                                                              | Zip<br><b>02907-</b> |

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

|                                 |                |
|---------------------------------|----------------|
| File Date                       | <b>9-11-07</b> |
| Check No.                       | <b>2170</b>    |
| By:                             | <b>mas</b>     |
| 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]** **8/27/07**  
Signature of Authorized Person Date  
**ROBERT HUTTON IV**  
Print or Type Name of Authorized Person