



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. 135422		2. Exact name of the limited liability company Wild About Beads LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SALES OF GOODS AND SERVICES RELATED TO JEWELRY	
5. Principal office address 436 Main Road		City Tiverton	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Christopher Costa		Contact Title Owner	Zip 02878
Street Address 336 Main Road		City Tiverton	State RI
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"/>		Zip 02878	
Manager Name Christopher Costa		Manager Name Christopher Costa	
Street Address 336 Main Road		Street Address 336 Main Road	
City Tiverton	State RI	City Tiverton	State RI
Zip 02878	Zip 02878	Zip 02878	Zip 02878
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name CHRISTOPHER COSTA		Address 336 MAIN ROAD	
City TIVERTON		Zip 02878	

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

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

8/30/07
Date

Christopher Costa
Print or Type Name of Authorized Person

File Date **FILED**
Check No. **SEP 14 2007**
By: **2666**
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