



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. 156570		2. Exact name of the limited liability company Consumer Concepts, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island 7-16			
5. Principal office address 132 Sharpe Street		City West Greenwich	State RI Zip 02817		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Winthrop B. Wilson		Contact Title			
Street Address 132 Sharpe Street		City West Greenwich	State RI Zip 02817		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
e					
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 Michael R. Hagopian		Address			
Address 212 Greenwich Avenue		City Warwick	Zip 02886		

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



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File Date	9/14/07
Check No.	1144
By:	

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.

	8/30/07
Signature of Authorized Person	Date
Winthrop B. Wilson	
Print or Type Name of Authorized Person	