



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
401.222.3010

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. 151978		2. Exact name of the limited liability company Sears Promotions, LLC	
3. State of Formation VIRGINIA		4. Brief description of the character of the business which is actually conducted in Rhode Island GIFT CARDS SALES AND DISTRIBUTION	
5. Principal office address 3333 Beverly Road		City Hoffman Estates	State IL
		Zip 60179	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Pat Fruhwirth		Contact Title Exec. Asst.	
Street Address 3333 Beverly Road, B2-130B		City Hoffman Estates	State IL
		Zip 60179	
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 May Rodrigo		Manager Name Thomas Shanahan	
Street Address 3333 Beverly Road		Street Address 3333 Beverly Road	
City Hoffman Estates	State IL	City Hoffman Estates	State IL
Zip 60179		Zip 60179	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

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.

File Date **FILED**

Check No. **SEP 18 2007**

By: **810897**

FOR SECRETARY OF STATE USE ONLY

May Rodrigo 9/12/07
Signature of Authorized Person Date

May Rodrigo
Print or Type Name of Authorized Person