



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. 143886		2. Exact name of the limited liability company SPIRAL 8 CONNECTIONS LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island WORK OUT OF HOME OFFICE COORDINATING BIZ ACTIVITY FOR UMBRELLA	
5. Principal office address 1615 MINISTERIAL RD.		City WAKEFIELD	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name ROBERT BAXTER		Contact Title OWNER-PRESIDENT + FOUNDER	Zip 02879
Street Address 1615 MINISTERIAL RD.		City WAKEFIELD	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"/>			
Manager Name ROBERT BAXTER		Manager Name MARTHA MASHURNIE	
Street Address 1615 MINISTERIAL RD.		Street Address 1615 MINISTERIAL RD.	
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD
Manager Name		Manager Name	
Street Address		Street Address	
City	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 ROBERT J. BAXTER		Address 1615 MINISTERIAL RD.	
Address 1615 MINISTERIAL ROAD		City WAKEFIELD	Zip 02879-

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

FILED
File Date
SEP 18 2007
Check No.
1813
By: By
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 of Authorized Person Date **8-31-07**

ROBERT J. BAXTER
Print or Type Name of Authorized Person