



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. 152345		2. Exact name of the limited liability company David Silverman Photography, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island To operate a photography business and to do any and all other acts or things necessary thereto	
5. Principal office address 51 DEBBIE DRIVE		City CRANSTON	State RI
		Zip 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID M. SILVERMAN		Contact Title MEMBER	
Street Address 51 DEBBIE DRIVE		City CRANSTON	State RI
		Zip 02921	
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) ☐			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
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 BRUCE A. WOLPERT, ESQ.		Address 10 DORRANCE STREET, SUITE 530	
Address WOLPERT & ASSOCIATES, INC.		City PROVIDENCE	Zip RI

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

152345
FILED

SEP 25 2007	
File Date	By <u>3546</u>
Check No.	
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
DAVID M. SILVERMAN
Print or Type Name of Authorized Person
Date **9-24-07**