



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. 121855		2. Exact name of the limited liability company PAPER CONNECTION INTERNATIONAL, LLC		
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island IMPORT AND DISTRIBUTE FINE ART PAPER		
5. Principal office address 166 DOYLE AVENUE		City PROVIDENCE	State RI	Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name LAUREN A. PEARLMAN		Contact Title		
Street Address 166 DOYLE AVENUE		City PROVIDENCE	State RI	Zip 02906
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 N/A		Manager Name N/A		
Street Address		Street Address		
City	State	Zip	City	State
Manager Name N/A		Manager Name N/A		
Street Address		Street Address		
City	State	Zip	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 SCOTT A. RITCH, ESQ.		Address 2 WILLIAMS STREET		
Address		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.

Lauren A. Pearlman 9.14.07
Signature of Authorized Person Date
LAUREN A. PEARLMAN
Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 03 2007
By:	<u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	