

A. Ralph Mollis, Secretary of State
Corporations Division
1-i8 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.

	7 77 77					
1. ID No.	2 Exact name of the limited liability company					
104855	KEEN PRODUCTS LLC					
3. State of Formation	4. Brief description of	the character of the business	which is actually conducted in Rhode Isla	ınd		
RHODE ISLAND	HUMAN RESOU	RCE CONSULTING, PR	ODUCT DEVELOPMENT & SALES	S		
5. Principal office addres	B MOONESE,	ELD Ré	WAKE FIELD	State R I	2ip 02879	
6. MAILING ADDRI	SS OF LIMITED LIABILITY	COMPANY AND NA	ME OR TITLE OF CONTACT PE	RSON:	•	
Contact Name RICHARD KEENAN			Contact Title  PR & St. O & NT  City  WAKE PIECO  State  DI  028 79			
Street Address	• • • • • • • • • • • • • • • • • • • •		City	State	Zip	
RICHARD KEENAN Street Address 1579 B MOOKES FIELD Rd			WAKEPIELD	RI	02879	
7. NAME AND ADD		OF THE LIMITED LL CES BEFORE USING A	ABILITY COMPANY, IF APPLICATE ACHMENTS ("X" BOX FOR A		<u>T LIST MEMBERS</u>	
Manager Name			Manager Name	Manager Name		
Kichard KEENAN						
Street Address 1579 B MOONES FIELD RD  City WAKEFIELD RI 02879			Street Address			
City WAKEFI	ELD RI	o 2879	City	State	Zip	
Manager Name	••••••••••••••••••••••••••••••	••••••••••••	Manager Name	••••		
Street Address			Street Address			
Сиу	State	Zip	City	State	Zip	
8. RESIDENT AGEN	T IN RHODE ISLAND - DO	NOT ALTER - Chans	: ges require filing of Form 642	. R.I.G.L. 7-16-1	[ 11	
Agent Name			Address	- K.I.G.L. /-10-		
RICHARD KEENAN						
Address			City	Zip		
1579 B MOORESFIELD ROAD			WAKEFIELD	<b>W</b> AKEFIELD		

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

FILED
SEP <b>26</b> 2007
Check No
Ву:
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 Poson Date

Print or Type Name of Authorized Person