

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

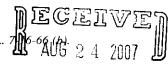
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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 (h&c)) is subject to a penalty fee of \$25.00

R.I.G.L. 7-16-66 (b&							
1. ID No. 120219		t name of the limited liability company e Island Oceaneers, LLC					
3. State of Formation RHODE ISLAND 4. Brief description of the character of the business which PROMOTION OF SOCCER				ich is actually conducted in Rhode Islan	ıd		
5. Principal office ad	FAYE	TTE ST.	Suite 200	PAWTOCKET	State	200 Jak 02860	
	DRESS OF LI	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	•	,	
Contact Name	OIV	BOR	TS	PRES\	ロガス	T	
Street Address	FAYE	TE ST.	Suite 200	PAWTUCKET	State Rude	Island C2860	
7. NAME AND A	DDRESS OF		OF THE LIMITED LIABI ES BEFORE USING ATT	ILITY COMPANY, IF APPLICAL ACHMENTS ("X" BOX FOR AT		OT LIST MEMBERS	
Manager Name				Manager Name			
Street Address			Street Address				
City		State	Zip	City	State	Zip	
Manager Name		•••••		Manager Name		J	
Street Address				Street Address			
City		State	Zip	City	State	Zip	
8. RESIDENT AG Agent Name DAVID A. BORTS,		DDE ISLAND - DO	NOT ALTER - Changes	require filing of Form 642 -	R.I.G.L. 7-1	6-11	
Address 100 LAFAYETTE STREET				PAWTUCKET Zip 0286		1 .	

This report must be executed by an authorized person pursuant to R.I.G.L.



BY:____

File Date	FILED
Check No.	SEP 26 2007
By:	293_
FC	R 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

Person De

Print or Type Name of Authorized Person