

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 it.

4. Brief descrip Limousine S F LIMITED LIAN OF EACH MANA	Service BILITY COMPANY AN	City Narragansett ND NAME OR TITLE OF CONTACT Contact Title City Narragansett	Siate Rhode Islan	nd 02882
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OF EACH MAN	AGER OF THE LIMIT	Contact Title City Narragansett	PERSON:	192992
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OF EACH MANA FILL IN	AGER OF THE LIMIT		Rhode Islai	
	SPACES BEFORE US	ED LIABILITY COMPANY, IF APPING ATTACHMENTS ("X" BOX FO	LICABLE - <u>DO</u> NO	T LIST MEMBERS
		Manager Name		69
* ' -				
. :		Street Address		
State	Zip	City	State	2jp
		Manager Name		
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state :	Zip	City	State	Z4
RHODE ISLAND) - DO NOT ALTER - (Changes require filing of Form	 542 - R.I.G.L. 7-16-1	1 - 4,
		City	Zij	0
		Westerly	1 .	2891
		in authorized person pursuant to R	I.G.L. 7-16-66 (b).	MOV-9 WHO 14
	This report	This report must be executed by a	City Westerly This report must be executed by an authorized person pursuant to R.	State CHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-1 Address City Zi

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File Date	NOV 0 9 2007	10:14
Check No	By Kmc	
Ву:	OULSON	
F	OR 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.

Print or Type Name of Authorized Person