

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.

(K.I.G.L. /-10-00 (b&c))	is subject to	o a penany jee oj \$25.00						
T. ID No.	2. Exact i	2. Exact name of the limited liability company						
154418	GS Aud	S Audio, LLC						
3. State of Formation				ch is actually conducted in Rhode Island	đ			
RHODEISLAND Audio and Lighting equip				ment installation				
5. Principal office address 9 John St.				Cumberland	State RI		^{Zip} G3864	
6. MAILING ADDRI	ess of Li	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:			
Contact Name Gary Sebastico				Contact Title				
Street Address 9 John St				Cumberland	State R	I	03864	
7. NAME AND ADD	RESS OF		OF THE LIMITED LIABI S BEFORE USING ATTA	LITY COMPANY, IF APPLICAB ACHMENTS ("X" BOX FOR ATT		OT LIST	MEMBERS	
Manager Name Gary Sebastiqu				Manager Name				
Street Address 9 John St				Street Address				
Cumberla	nd	State RI	^{Zip} 03864	City	State		Ζφ	
Manager Name				Manager Name				
Street Address				Street Address				
City		State	Zip	City	State		Zip	
8. RESIDENT AGEN Agent Name GARY SEBASTIAO	T IN RH	ODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 642 -	R.I.G.L. 7-1	6-11		
Address				City		Ζip	Zip	
9 JOHN STREET				CUMBERLAND 02864-		02864-		
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED	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.
Check No. By 9/9 By: FOR SECRETARY OF STATE USE ONLY	Signature of Authorized Person Print or Type Name of Authorized Person