

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

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## 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.

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L. ID No.	2. Exact i	2. Exact name of the limited liability company							
158126	SEMSE	SEMSEOPRO LLC							
3 State of Formation 4. Brief description of the character of the business which				· ·					
RHODE ISLAND INTERNET MA 5. Principal office address 11 Bilss MINE PD				RKETINGCONSULTANT					
5. Principal office address				City	State		Zip		
11 BUSS MINE FD				MIDDLETOWN	PC	;	02845		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:									
Contact Name				Contact Title  OWNER					
MATT ROCHE									
Street Address				City	State		Zip		
7. NAME AND ADDI	RESS OF	and the second s		LITY COMPANY, IF APPLICAB	W	<u>ot list i</u>	<u>MEMBERS</u>		
		FILL IN SPACES	S BEFORE USING ATTA	CHMENTS ("X" BOX FOR ATT	ACHMENT)				
Manager Name				Manager Name					
Street Address				Street Address					
CHy		State	Zip	СИу	State		Ζip		
Manager Name				Manager Name					
Street Address				Street Address					
	1	T			T				
City:		State	Zip	City	State		Zip		
Q DESIDENT AGEN	r ini dili	NDE ISLAND - DO N	OT AITER - Changes	econica filina of Rosm 642	 	6 11			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes a Agent Name				Address					
MATTHEW ROCHE									
Address				City Zip		Zip			
11 BLISS MINE ROAD						02842-			
				VZ04Z-					

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

	FILED
File Date	FILEU
Check No.	OCT 1 5 2007
Ву:	By 94
	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.

Most Forbe 10/13/07
Signature of Authorized Person Date

HE

rint or Type Name of Authorized Person