



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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.

|   |       |   |                                     |                      |     |
|---|-------|---|-------------------------------------|----------------------|-----|
| 1. ID No.<br><b>158887</b>  |       | 2. Exact name of the limited liability company<br><b>MCCARTEN VIOLINS LLC</b>   |                                     |                      |     |
| 3. State of Formation<br><b>RHODE ISLAND</b>  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>STRINGED INSTRUMENT SALES, RENTALS, REPAIRS</b> |                                     |                      |     |
| 5. Principal office address<br><b>1005 MAIN ST.</b>   |       | City<br><b>PAWTUCKET</b>  | State<br><b>RI</b>                  | Zip<br><b>02860</b>  |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |   |                                     |                      |     |
| Contact Name<br><b>DENNIS J. MCCARTEN</b>   |       |   | Contact Title<br><b>SOLE MEMBER</b> |                      |     |
| Street Address<br><b>83 STANTON AV</b>  |       | City<br><b>NARRAGANSETT</b>   | State<br><b>RI</b>                  | Zip<br><b>02882</b>  |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>FILL IN SPACES BEFORE USING ATTACHMENTS (*X BOX FOR ATTACHMENT) <input type="checkbox"/> |       |   |                                     |                      |     |
| Manager Name  |       |   | Manager Name                        |                      |     |
| Street Address  |       |   | Street Address                      |                      |     |
| City  | State | Zip   | City                                | State                | Zip |
| Manager Name  |       |   | Manager Name                        |                      |     |
| Street Address  |       |   | Street Address                      |                      |     |
| City  | State | Zip   | City                                | State                | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  |       |   |                                     |                      |     |
| Agent Name<br><b>DENNIS J. MCCARTEN</b>   |       |   | Address                             |                      |     |
| Address<br><b>83 STANTON AVENUE</b>   |       |   | City<br><b>NARRAGANSETT</b>         | Zip<br><b>02882-</b> |     |

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

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.

|                                 |                    |
|---------------------------------|--------------------|
| <b>FILED</b>                    |                    |
| File Date                       | <b>OCT 16 2007</b> |
| Check No.                       |                    |
| By:                             | <b>By 1070</b>     |
| FOR SECRETARY OF STATE USE ONLY |                    |

*Dennis J. McCarten* 130702007  
Signature of Authorized Person Date  
**DENNIS J. MCCARTEN**  
Print or Type Name of Authorized Person