RI SOS Filing Number: 200702710940 Date: 10/16/2007 4:00 PM

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.	2. Exact name of the limited liability company
137805	Interactive Design Consultants, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	SOFTWARE DESIGN AND DEVELOPMENT

5. Principal office address	City	State	Zip
15 TAGGART CT	EAST Greenwich	RI	02818

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Interactive Design Consultants, LLC	Manager

Street Address	City	State	Zip
Po Box 1544	EAST Greenwich	RI	02818

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Richard T DiNobile none	15 TAGGART CT none	East Greenwich none	RI none	02818 none

Manager Name	Street Address	City	State	Zip

Manager Name	Street Address	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	Address	City	Zip
JEFFREY KOVAL, ESQ.	2843 SOUTH COUNTY TRAIL, SUITE C11	EAST GREENWICH	02818-

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

[redacted] [redacted]

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.

9/14/07
Signature of Authorized Person *Date*

[redacted]
Richard T. DiNobile
Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 16 2007
By:	By 790

15907-8-195748
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07