

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.

	in outsycer .	o a penany jee oj vao.o	·							
1. ID No. 107452	2. Exact SN	name of the limited liabil IIPS, LLC	ity company							
3. State of Formation Rhode Island		4. Brief description of the to operate a ha	character of the business whic ir salon	ch is actually conducted in Rhode Islan	1d					
5. Principal office address 1006 Charles Street				North Providence RI 02904-000						
6. MAILING ADDRE Contact Name Jennifer Santo		MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PER  Contact Title  Member	són:	<b>建</b> 程的名词数 经扩展人				
Street Address 1006 Charles Street				City North Providence	KY KY	<b>02904-0000</b>				
7, NAME AND ADD	RESS OF			LITY COMPANY, IF APPLICA COMBONS (X BOX FOR AT		OT LIST MEMBERS				
reache choire as an ac thaire and a sea an a the area and a call and a large and a sea and a sea a sea and a s Manager Name N/A				надавания приводения при выправния на при выправния вы выправления вы выправния выправния выправния выправния Маладог Name						
Street Address				Street Address	,					
City		State	Zip	Cig-	State	Zip				
Manager Name	***********	······		Manager Name	***************************************					
Street Address				Street Address						
City	City State 2			City	Zip					
8. RESIDENT AGEN Agent Name Jennifer Santos		ode island - do	NOT ALTER - Changes	require filing of Form 642 Address 1006 Charles Street	R.I.G.L. 7-1					
Address				North Providence	RI	<sup>Zip</sup> 02904				

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

t intraction	i			11.00	1.30000	11111111	1757				0100100
dkki di	100 miles	fillia.						2. (11)			305
324 July 19	THE ASS.		N3-9111			und i	2333	971111	Bree St.		6.0
: "Sav : : " [4]	3333		44444		***	. 3 3				(0):26	44.
File De	1720	Second.	33.35.3	5:115:00		iii A	27,100	(30.00)	102		347.93
COLUMN TOO			152. 153		******		<b>HEAT</b>		STATE OF THE PARTY.	<del>((())</del>	: : : : <del>: فانك</del>
ci sistini	34, 110		(00)4	1000	Significant of the second	16869		CHANGE.	95556	369	55060
20 10 10	23 M	14:5198	100		11,18641,04	(32441)		30	20.20	88784	
24. : 114.7		£	4715474	P. 48.	8 9 6		2925	Si Lilia	1 1 2	13:HH.	10:110
Check	No.	1000	16,500	30.73	3 3 4 6	¥	711 57.	8 2	41 7	( ) IN P	120
WILCOM!	74.		101 10101			49,661	, in .	4.E. 359.	- M. H. E.	*********	
an ing Kabupatèn Pa	351 (841.)	V: U: (i)	ROV W	1811,2811.		MCC.		3005			
1000	90.00		( - D. C.	14 156	111111111111111111111111111111111111111	HERE		30 S	73-20-00	1320	3.65.55
SWEET W	1883	ger njer	(SEE IN)	28			410		1. 318.1	Nursica :	Real C
Pa .	44.24°	1000	1127.65	M	A	, 1138111		1			210000
<b>19</b> 7			11:2:1:1:	3.	3. 4	9086	1	146		12-2127-7-15	OWNER.
	1000 C		C. 1991	30000	20 min	20.16.22.1	12.5		9.000	277.00	
awro. s		35.0000	19:30	Queens	1 22 7 1 2 2 2 2	::::::::::::::::::::::::::::::::::::::	1771	1621162141	165 7 VIEW	T 10.0	:333 i ()
20年4年2月8	337 B	UD OE	CER	* A 13	v ru	C 173	IND E	merca an	A 11 KF	13 10	Acceptance of
		74. 34		1.20		2 124	LE	ستريح لتبار	خصمت	TABLES CO.	A 20 1/2

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.

September 4, 2007

September 4, 2007

Date

Print or Type Name of Authorized Person

Member

Form 632 Rev. 07/07