

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.

157253 Banaurams, LLC	1. ID No. 2. Exact name of the limited liability company								
RHODE ISLAND Toy Manufacturer and Distribution 5. Principal office address 151 Arnold Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Tule President/Member Street Address 151 Arnold Avenue Cranston RI 02905 Contact Tule President/Member Cranston RI 02905 Contact Tule President/Member Cranston RI 02905 Contact Tule President/Member Street Address 151 Arnold Avenue Street Address 151 Arnold Avenue Cranston RI 02905 Cranston RI 02905 City State Cranston RI 02905 Cranston RI 02905	1								
RHODE ISLAND Toy Manufacturer and Distribution 5. Principal office address 151 Arnold Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT FERSON Contact Name Abraham Nathanson Street Address 151 Arnold Avenue Cranston City Cranston RI 02905 City Cranston RI 02905 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY AND MARGER OF THE LIMITED LIABILITY COMPANY AND NAME Manager Name Street Address Street Address City State Street Address City State City State Zip Manager Name City State Zip City State Zip City State Zip City State Zip									
Street Address City State Zip	•								
Cranston RI 02905 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT FERSON: Contact Name		Toy Mar	ufacturer and Di	· · · · · · · · · · · · · · · · · · ·					
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON: Contact Name	5. Principal office address			City	State	2	-		
Contact Name Abraham Nathanson Street Address 151 Arnold Avenue Coty Cranston RI 02905 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMMAN, WATER ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMMAN, WATER ADDRESS FILL IN SPACES BEFORE USING ATTACHMENTS Manager Name Street Address City State Zip Charact Title President/Member RI 02905 RI 02905 The Manager Name Contact Title President/Member RI 02905 City State Zip City State Zip					W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Carlotta -	02905		
151 Arnold Avenue Cranston RI 02905 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABLE TO DESCRIPTION OF LIST MEMBERS FILL IN SPACES BEFORE USING ATT CHEERTS (** BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City State Zip	Contact Name		COMPANY AND NAME	Contact Title		· · · · · · · · · · · · · · · · · · ·			
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED WARRATT COMPANY OF ACTION MEMBERS FILL IN SPACES BEFORE USING ATTACHMENT (*** BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City State Zip State	Street Address			City	State	2	•		
Manager Name Street Address City State Zip City State State Street Address City State Manager Name Street Address City State Zip City State Zip City State Zip	151 Arnold Avenue			Cranston	RI		02905		
City State Zip City State Zip		ESS OF EACH MANAGER FILL IN SPAC	OP THE LIMITED LIAN ES BEFORE USING ATT	Challens (* 10%)	SECURIES - DO NO	ou first w	EMBERS		
	Street Address			Street Address					
Manager Name Manager Name	City	State	Zip	City	State		Zip		
]	Manager Name			Manager Name					
Street Address Street Address	Street Address			Street Address					
City State Zip City State Zip	City	State	Złp	City	State		Zip		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes require filing of Form 642 E.E.G.L. 7-16-11 Agent Name REVENS REVENS & ST. PIERRE	Agent Name								
Address City Zip				City		Zip			
946 CENTERVILLE ROAD WARWICK 02886-	946 CENTERVILLE ROAD			WARWICK		02886-			

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

File Date	FILED	
	CT 9 2007	
Ву:	1561	
FOR SE	CRETARY 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.

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Signature of Authorized Person

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Abraham Nathanson