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
109010	SENTIER LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	to own, hold and trade publicly and privately traded securities, bonds and other instruments and to acquire and

5. Principal office address	City	State	Zip
PO Box 656, 125 Thames Street	Bristol	RI	02809

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

Contact Name	Contact Title
Russell Karian	Manager

Street Address	City	State	Zip
PO Box 656, 125 Thames Street	Bristol	RI	02809

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	Manager Name
Russell Karian	None
Street Address	Street Address
PO Box 656, 125 Thames Street	
City / State / Zip	City / State / Zip
Bristol / RI / 02809	
Manager Name	Manager Name
None	None
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	Address
Adler Pollock & Sheehan P.C.	
Address	City / Zip
One Citizens Plaza, 8th Floor	Providence / 02903

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SECRETARY OF STATE
CORPORATIONS DIV

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

[redacted] 109010

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.

Signature of Authorized Person — *Date* 10/19/07

[redacted] Russell Karian
Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 23 2007
By:	By 350

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07