

140 W. MIEL SUCCI Providence, RI 02904-2615

401.222.3040

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR_

Filing Psyled: 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.

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2. Exact name of the limited liability company National Student Ioan Group, IIC provides private education loans directly to consumers 159635 NATIONAL STUDENT LOAN GROUP, LLC								
3. State of Formation	7			b is actually conducted in Rhode Island				
COLORADO National Student Ioan Group, IIC t				•				
		Macroni Script	T TOBIL GLOUD, TITC		State State		7/6	
5. Principal office address			City			<i>^{Zip}</i> 80031		
8700 Turnpike Dr. #318				Westminster	l 00		00031	
	S OF LE	MITED LIABILITY C	OMPANY AND NAME	OR TITLE OF CONTACT PERSON:				
Contact Name				Contact Title Compliance Officer				
Jeanie Brown					T .		T	
Street Address			City Westminster	State	·	<i>^{Zip}</i> 80 031		
8700 Turnpike Dr. #318				wesulm ster.	١ω		00031	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS								
	FILL IN SPACES DEPORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)							
Manager Name				Manager Name				
-Warritang Du 1000								
Street Address				Street Address				
8700 Turqaike D r	:. #318	601						
City		State	Zip	City	State		Zip	
Westminster (7)	55	0 JOZ	80031 WP					
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				Address				
NATIONAL REGISTERED AGENTS, INC.								
Address				ity Zip		Zip		
222 JEFFERSON BOULEVARD, SUITE 200			WARWICK	02888-				
· · · · · · · · · · · · · · · · · · ·								

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

File Date		
	OCT 26 2007	
Check No.	, , , , , , , , , , , , , , , , , , , 	Johnson Commission
By.	6360	
Ву:		
İ	OR SECRETARY OF STA	ATE 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.

10/12/07

Signature of Authorized Person

Date

Wanjiang Du

Print or Type Name of Authorized Person