

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.

6. MAILING ADDRESS OF LIMITED TABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Elizabeth Beekman City Street Address City State Zip	(, , , , , , , , , , , , , , , , , , ,	,						
3. State of Formation RHODE ISLAND 4. Brief description of the character of the business which is actually conducted in Rhode Island CONSULTING INDIVIDUALS AND GROUPS ON SOCIAL ISSUES. 5. Principal office address 2.1 Arthington Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY ON FANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Co	1. ID No. 2. Exact name of the limited liability company							
RHODE ISLAND CONSULTING INDIVIDUALS AND GROUPS ON SOCIAL ISSUES. 5. Principal office address 21 Arkington Avenue 6. MAILING ADDRESS OF LIMITED UPILITY CONFANT AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Title Manager Arkington Avenue 7. NAME AND ADDRESS OF EACH MAJGER OF THE LIMITED HABILITY CONFANT PARTIES DO NOT LIST MEMBERS FILL ISSUESS BEFORE USING ATTACHMENT Elizabeth Beekman Manager Name Elizabeth Beekman Street Address City Prov. dence Street Address City State Street Address Street Address City State Zip City Zip Zip Zip Zip Zip Zip Zip Zi	126899	Arlingt	on Consulting, LLC					
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City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require dling of Form 642 - R.I.G.I. 7-16-11 Agent Name ELIZABETH BEEKMAN Address City Zip Zip	Manager Name	••••••	**********************	*************************	Manager Name		***************	***************************************
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require Gling of Form 642 E.L.G.L. 7-16-11 Agent Name ELIZABETH BEEKMAN Address City Zip	Street Address			, , ,	Street Address			
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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File Date	ACT 26 2002
Check No.	1228 m
Ву:	
	FOR SECRETARY 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.

Synature of Authorized Person

Date

Beekmar

Print or Type Name of Authorized Person