



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, 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. 157868		2. Exact name of the limited liability company Barefoot Beads, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Sale of jewelry	
5. Principal office address 203 Fairway Drive		City Middletown	State RI
		Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON			
Contact Name Mary E. Pesare		Contact Title Member	
Street Address 203 Fairway Drive		City Middletown	State RI
		Zip 02842	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE, DO NOT LIST MEMBERS. FILL IN SPACES ABOVE USING ATTACHMENT 1. IF NONE, CHECK BOX FOR ATTACHMENT 1. ☐			
Manager Name None		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - CHANGE - REPAIR - CORRECT - FORM 7-16-11			
Agent Name GARY R. PANNONE, ESQ.		Address	
Address 1800 FINANCIAL PLAZA		City PROVIDENCE	Zip 02903

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

FILED

OCT 26 2007

By **1012**

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.

Mary E. Pesare **10/12/07**
Signature of Authorized Person Date

Mary E. Pesare
Print or Type Name of Authorized Person

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY