



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. 000128612		2. Exact name of the limited liability company Double Down, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island dormant holding company	
5. Principal office address c/o Jim Hyman, 11 Memorial Blvd		City Newport	State RI
		Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Sevim Perry		Contact Title CPA	
Street Address 63 Stevens Drive		City Brentwood	State NH
		Zip 03833	
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	
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 - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Jim Hyman		Address 11 Memorial Blvd	
Address		City Newport	Zip 02840

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

000128612

FILED	
File Date	NOV 23 2007
Check No.	By 022914 10:22
By:	
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.

Signature of Authorized Person  Date **11/26/07**
Sevim Perry
Print or Type Name of Authorized Person