

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. 7-1 (R.I.G.L. 7-16-66 (b&c)) is subj	6-66 (d), each limited lia ect to a penalty fee of \$2:	bility company failing or refi	using to file its annual report with	uin thirty (30) days after ti	he time prescribed by law
	act name of the limited lia				
123355	man	TONE RED	ITY Compr		
3. State of Formation	4. Brief description of	the character of the business u	which is actually conducted in Rhod	la Island	
P.I.		Domesti	_	e isiana	
5. Principal office address  /// TE 7  6. MAILING ADDRESS OF	AS AVE		City Paris	State R+	2ip 02764
Contact Name	CIMITED LIABILIT	I COMPANY AND NAM	E OR TITLE OF CONTACT  Contact Title	PERSON:	
111 TEX	AS AVE		Contact Title		
Street Address  LENNE-	n mon	Tore	City Prov	State	02904
(7.) NAME AND ADDRESS	OF EACH MANAGER FILL IN SPAC	OF THE LIMITED LIAI ES BEFORE USING AT	BILITY COMPANY, IF APPL TACHMENTS ("X" BOX FO	ICABLE DO NOT	LIST MEMBERS
Manager Name MAMI MANTONE			Manager Name	(1985년 ) 유통하다면 (1985년 1985년 ) - 1985년 (1985년 ) 198	200
Street Address	95 DIE	Par	Street Address	-	NO V
Street Address  (1) TEXA  City Pnv.	State RI	02904	City	State	δ
Manager Name		. 4 + 4 + 0 + 1 + 4 + 0 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1	Manager Name		
Street Address			Street Address		20
City	State	Zip	City	State	Zip Y
8. RESIDENT AGENT IN R	HODE ISLAND - DO	NOT ALTER - Changes	; require filing of Form 6	O Pier 71614	
	H Core		Address		

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

File Date NOV 2 6 2007  Check No. BV 042972	
By 042972-	
FOR SECRETARY OF STATE USE ONLY	(P)

Address

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.

Print or Type Name of Authorized Person