



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

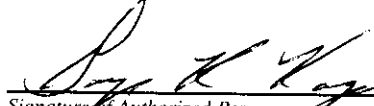
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 147107		2. Exact name of the limited liability company MURIEL ENTREPRISES LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COSMETIC SALES	
5. Principal office address 728 Beverage Hill Ave #3		City Pawtucket	State R.I.
		Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAARON BANDAOGO		Contact Title Manager	
Street Address 728 Beverage Hill Ave #3		City Pawtucket	State R.I.
		Zip 02861	
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 DAARON BANDAOGO		Manager Name	
Street Address 728 Beverage Hill Ave #3		Street Address	
City Pawtucket	State R.I.	City	State
Zip 02861		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 GEORGE KASPER		Address	
Address 375 PUTNAM PIKE		City SMITHFIELD	Zip 02917-

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

2007 NOV 28 AM 9:18

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 **11/14/2007**
George K. Kasper
Print or Type Name of Authorized Person

FILED

File Date **NOV 28 2007**
Check No. **By 3651**

FOR SECRETARY OF STATE USE ONLY