



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**

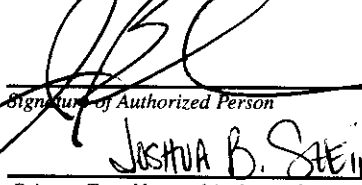
**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

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. <b>126145</b>		2. Exact name of the limited liability company <b>Cooper &amp; Shein LLC</b>			
3. State of Formation <b>MARYLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>MORTGAGE BROKER</b>			
5. Principal office address <b>6 RESERVOIR CIRCLE SUITE 203</b>			City <b>BALTIMORE</b>	State <b>MD</b>	Zip <b>21208</b>
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>JOSH SHEIN</b>			Contact Title		
Street Address <b>6 RESERVOIR CIRCLE SUITE 203</b>			City <b>BALTIMORE</b>	State <b>MD</b>	Zip <b>21208</b>
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ('X' BOX FOR ATTACHMENT) <input type="checkbox"/>					
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
<b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>					
Agent Name <b>CAMERON &amp; MITTLEMAN</b>			Address <b>RICHARD MITTLEMAN</b>		
Address <b>56 EXCHANGE TERRACE</b>			City <b>PROVIDENCE</b>	Zip <b>02903-</b>	

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

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 **11/01/2007**  
**JOSHUA B. STEIN, MANAGING PARTNER**  
Print or Type Name of Authorized Person

File Date	<b>FILED</b>
Check No.	<b>NOV 09 2007</b>
By	<b>8895</b>
FOR SECRETARY OF STATE USE ONLY	