



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. 135258		2. Exact name of the limited liability company THE BEAD HOUSE LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RETAIL SALE OF JEWELRY	
5. Principal office address 11 Constitution Street		City Bristol	State RI
		Zip 02809	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Sarah K. Otterbein Contact Title Manager			
Street Address 11 Constitution Street		City Bristol	State RI
		Zip 02809	
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 Sarah K. Otterbein		Manager Name None	
Street Address 11 Constitution Street		Street Address	
City Bristol	State RI	City	State
Zip 02809		Zip	
Manager Name None		Manager Name None	
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 BRUCE H. COX, ESQ.		Address	
Address 1481 WAMPANOAG TRAIL		City EAST PROVIDENCE	Zip 02915-

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

File Date	FILED
Check No.	NOV 09 2007
By:	By [Signature]
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.

Sarah K. Otterbein 11-6-07
Signature of Authorized Person Date
Sarah K. Otterbein, Manager
Print or Type Name of Authorized Person