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.	2. Exact name of the limited liability company
149635	SMOC, LLC d/b/a The UPS STORE, CENTER # 4137

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	RETAIL SERVICES, MAIL AND PARCEL RECEIVING, PACKAGING AND SHIPPING SERVICES AND SALES

5. Principal office address	City	State	Zip
716 CENTRE OF NEW ENGLAND BOULEVARD	COVENTRY	RI	02816

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
SHEILA O'CONNELL	MANAGER

Street Address	City	State	Zip
716 CENTRE OF NEW ENGLAND BOULVARD	COVENTRY	RI	02816

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	Address	
THOMAS A. TARRO, III	SUMMIT EAST, SUITE 330	
Address	City	Zip
300 CENTERVILLE ROAD	WARWICK, RI	02886-0214

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CORPORATIONS DIV

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

[redacted] [redacted]

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.

Sheila M O'Connell 10/31/07
Signature of Authorized Person *Date*

[redacted] SHEILA O'CONNELL
Print or Type Name of Authorized Person

File Date	FILED
Check No.	NOV 15 2007
By:	1599 MMC

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07