



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. 157173		2. Exact name of the limited liability company GE RI Group LLC	
3. State of Formation NEVADA		4. Brief description of the character of the business which is actually conducted in Rhode Island Video dating Service	
5. Principal office address 1547 Fall River Ave		City Seekonk	State MA
		Zip 02771	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Tasha Fisher		Contact Title Administrator	
Street Address 4045 S Spencer St STE 105		City Las Vegas	State NV
		Zip 89119	
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 2 Holdings		Manager Name	
Street Address 4045 S. SPencer St STE 105		Street Address	
City Las Vegas	State NV	City	State
Zip 89119		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 PARACORP INCORPORATED		Address	
Address 107 DANIELSON PIKE		City SCITUATE	Zip 02857-

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 **11.12.07**
Print or Type Name of Authorized Person **Paul Ziter**

File Date	FILED
Check No.	NOV 16 2007
By:	By 1353
FOR SECRETARY OF STATE USE ONLY	