



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. 126763		2. Exact name of the limited liability company FLOATING PEAR PRODUCTIONS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island A DIGITAL ANIMATION PRODUCTION COMPANY.	
5. Principal office address 11 South Angell Street, PMB 343		City Providence	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Dalila Boyd		Contact Title Managing Member	
Street Address 11 South Angell Street, PMB 343		City Providence	State RI
		Zip 02906	
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) <input type="checkbox"/>			
Manager Name Dalila Boyd		Manager Name	
Street Address 198 Coyle Avenue		Street Address	
City Pawtucket	State RI	Zip 02861	
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 DALILA BOYD		Address	
Address 198 COYLE AVENUE		City PAWTUCKET	Zip 02861-

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.

File Date **FILED**
Check No. **NOV 20 2007**
By **1262 mac**
FOR SECRETARY OF STATE USE ONLY

Dalila C. Boyd 10/31/07
Signature of Authorized Person Date
Dalila Boyd
Print or Type Name of Authorized Person