



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

C. Ralph Mullis, Secretary of State
100 State Street, Providence, Rhode Island 02903
401-277-2000

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007
Period: September 1 - November 1 • Filing Fee: \$50.00

150025		Name of the limited liability company Comptoir de Famille, LLC			
DELAWARE		Brief description of the character of the business which is a trade conducted in Rhode Island COMPANY HEADQUARTERS FOR WHOLESALE DISTRIBUTION BUSINESS			
Principal office address 400 THAMES STREET		City NEWPORT	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LUDOVIC GRANDCHAMP		Contact Title			
Principal office address 400 THAMES STREET		City NEWPORT	State RI	Zip 02840	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name		Street Address			
City	State	Zip	City	State	Zip
Manager Name		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 FURNER C. SCOTT		Address 112 FOURD STREET			
Firm Name WILLIAM RHOODE & ROBERTSON		City NEWPORT	Zip 02840		

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



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150025 FILED 10:03:13 AM
NOV 21 2007
By 25944
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.

L Grandchamp 11/14/2007
Signature of Authorized Person Date

LUDOVIC GRANDCHAMP
Print or Type Name of Authorized Person