



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. 100525		2. Exact name of the limited liability company The Paradigm Group, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROVIDE ADMINISTRATIVE SERVICE IN CONNECTION WITH SEVERAL WENDY'S FRANCHISES			
5. Principal office address 887 Greenwich Avenue		City WARWICK	State RHODE ISLAND	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name HARVEY A. BENNETT, JR.		Contact Title MEMBER			
Street Address 887 Greenwich Avenue		City WARWICK	State RHODE ISLAND	Zip 02886-	
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		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 ROBERT D. WIECK, ESQ.		Address 101 DYER STREET, SUITE 400			
Address MACADAMS & WIECK INCORPORATED		City PROVIDENCE	Zip 02903		

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

100525

File Date	FILED
Check No.	NOV 21 2007
By:	<i>[Signature]</i>
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.

[Signature] 11/14/07
 Signature of Authorized Person Date
 Harvey A. Bennett, Jr.
 Print or Type Name of Authorized Person