



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

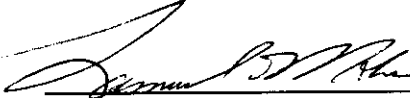
Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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. 138768		2. Exact name of the limited liability company SDM Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUSINESS MANAGEMENT & CONSULTING, EXECUTIVE COACHING			
5. Principal office address 575 E MAIN RD SUITE 1A		City MIDDLETOWN	State RI	Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name SAMUEL D. MOHS			Contact Title OWNER		
Street Address 575 E MAIN RD SUITE 1A		City MIDDLETOWN	State RI	Zip 02842	
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 SAMUEL D. MOHS in NONE			Manager Name		
Street Address 28 WAPPING RD in			Street Address		
City PORTSMOUTH in	State RI in	Zip 02871 in	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 JOSEPH R. PALUMBO, JR.			Address		
Address 294 VALLEY ROAD			City MIDDLETOWN	Zip 02842-	

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 **11/14/07**

SAMUEL D. MOHS
Print or Type Name of Authorized Person

File Date FILED
Check No. NOV 27 2007
By: By 730
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