

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

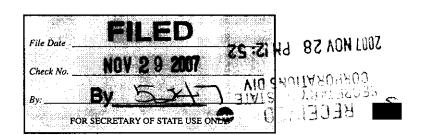
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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.

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1. ID No.	1	name of the limited liability company						
55184 LOUMINATI, LLC								
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND YOUTH SERVICES AND ANY OTHER AC				CTIVITY ALLOWED BY LAW				
5. Principal office address				City	State		Zip	
45 PLANTATION STREET				WARWICK	RI		02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:								
Contact Name				Contact Title				
LLEWELLYN COLE								
Street Address				City	State		Zip	
45 PLANTATION STREET				WARWICK	RI		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)								
Manager Name				Manager Name				
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Street Address				Street Address				
City		State	Zip	City	State		Zip	
Manager Name				Manager Name				
Street Address				Street Address				
	_							
City		State	Zip	City	State		Zip	
	I				1			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11								
Agent Name				Address				
ANTHONY A. GIANNINI, JR.				317 IRON HORSE WAY, SUITE 301				
Address				City		Zip		
				PROVIDENCE		02908		

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

155184



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.

Meeting Jun 7 11-27-67
Signature of Authorized Person Date

ANTHUNY A. E.IANNINI TR Print or Type Name of Authorized Person