



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.<br><b>153322</b>                                                                                                                                                                                   |                    | 2. Exact name of the limited liability company<br><b>SBD consulting LLC</b>                                                        |                      |
| 3. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                 |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>Real estate consulting</b> |                      |
| 5. Principal office address<br><b>83 Lauriston St.</b>                                                                                                                                                       |                    | City<br><b>Providence</b>                                                                                                          | State<br><b>RI</b>   |
|                                                                                                                                                                                                              |                    | Zip<br><b>02906</b>                                                                                                                |                      |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                         |                    |                                                                                                                                    |                      |
| Contact Name<br><b>Mr. Michael Jibitsky</b>                                                                                                                                                                  |                    | Contact Title                                                                                                                      |                      |
| Street Address<br><b>83 Lauriston St</b>                                                                                                                                                                     |                    | City<br><b>Providence</b>                                                                                                          | State<br><b>RI</b>   |
|                                                                                                                                                                                                              |                    | Zip<br><b>02906</b>                                                                                                                |                      |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS (*X BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                                                                                                                                    |                      |
| Manager Name<br><b>Michael Jibitsky</b>                                                                                                                                                                      |                    | Manager Name                                                                                                                       |                      |
| Street Address<br><b>83 Lauriston St</b>                                                                                                                                                                     |                    | Street Address                                                                                                                     |                      |
| City<br><b>Providence</b>                                                                                                                                                                                    | State<br><b>RI</b> | City                                                                                                                               | State                |
| Zip<br><b>02906</b>                                                                                                                                                                                          |                    | Zip                                                                                                                                |                      |
| Manager Name                                                                                                                                                                                                 |                    | Manager Name                                                                                                                       |                      |
| Street Address                                                                                                                                                                                               |                    | Street Address                                                                                                                     |                      |
| City                                                                                                                                                                                                         | State              | City                                                                                                                               | State                |
| Zip                                                                                                                                                                                                          |                    | Zip                                                                                                                                |                      |
| 8. RESIDENT AGENT IN RHODE ISLAND - <b>DO NOT ALTER</b> - Changes require filing of Form 642 - R.I.G.L. 7-16-11                                                                                              |                    |                                                                                                                                    |                      |
| Agent Name<br><b>MICHAEL JIBITSKY</b>                                                                                                                                                                        |                    | Address                                                                                                                            |                      |
| Address<br><b>83 LAURISTON STREET</b>                                                                                                                                                                        |                    | City<br><b>PROVIDENCE</b>                                                                                                          | Zip<br><b>02906-</b> |

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

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>DEC 17 2007</b> |
| By:                             | <b>By: B1 P135</b> |
| 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 of Authorized Person  
Date **10.25.07**  
**Michael Jibitsky**  
Print or Type Name of Authorized Person