RI SOS Filing Number: 200704687420 Date: 12/18/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
100 W. River Street
Providence, RI 02903-1335
(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	2. Exact name of the limited liability company
153200	Press Room Marketing, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	Marketing

5. Principal office address	City	State	Zip
922 Reservior Avenue	Cranston	RI	02910

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Robert T. Leonard, Jr.	Member

Street Address	City	State	Zip
922 Reservior Avenue	Cranston	RI	02910

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
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	Address	
Kimberly L. O'Brien, Esq.		
Address	City	Zip
250 SCRABBLETOWN ROAD	NORTH KINGSTOWN	02852

FILED
DEC 18 2007
By DA
23-447226

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

[redacted] 153200 [redacted]

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.

Kathryne A Leonard 11-12-07
Signature of Authorized Person *Date*

~~Robert T. Leonard, Jr.~~
Print or Type Name of Authorized Person

KATHRYNE A. LEONARD

Form 632 Rev. 07/07

File Date _____
Check No. _____
By _____
FOR SECRETARY OF STATE USE ONLY

[redacted]

16902-1-198383