



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. 88515		2. Exact name of the limited liability company The Workbox Company, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DESIGN, MANUFACTURE AND SALE OF PRODUCTS.	
5. Principal office address 258 JOHN DYER RD		City LITTLE COMPTON	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name E H LEVINE		Contact Title PARTNER	
Street Address 258 JOHN DYER RD		City LITTLE COMPTON	State RI
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"/>		Zip 02837	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11		Zip 02903	
Agent Name JOSEPH F. WHINERY, JR. ESQ.		Address CAMERON & MITTLEMAN	
Address 56 EXCHANGE TERRACE		City PROVIDENCE	Zip 02903

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 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).

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.

X Edward H. Levine 11.02.07
 Signature of Authorized Person Date
Edward H. Levine
 Print or Type Name of Authorized Person

File Date: **FILED**
 Check No.: **DEC 27 2007**
 By: 045461 1126
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