



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>148094</b>  |       | 2. Exact name of the limited liability company<br><b>Fail Safe Feline Ear Tags, 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>IDENTIFICATION EARTAGS FOR CATS</b> |                     |                     |     |
| 5. Principal office address<br><b>53B Maplerock Road</b>  |       | City<br><b>North Scituate</b>   | State<br><b>Ry</b>  | Zip<br><b>02857</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |   |                     |                     |     |
| Contact Name<br><b>Barbara P Judd</b>   |       |   | Contact Title       |                     |     |
| Street Address<br><b>53B Maplerock Road</b>   |       | City<br><b>North Scituate</b>   | State<br><b>Ry</b>  | Zip<br><b>02857</b> |     |
| 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"/> |       |   |                     |                     |     |
| 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<br><b>BARBARA P. JUDD</b>  |       |   | Address             |                     |     |
| Address<br><b>53 B MAPLEROCK ROAD</b>   |       | City<br><b>NORTH SCITUATE</b>   | Zip<br><b>02857</b> |                     |     |

*\* This business is no longer in effect. It has closed. It never even started.*

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

11:51  
**FILED**

**FEB 08 2008**

By *[Signature]* **Barbara P Judd** 12/1/07  
49252 Signature of Authorized Person Date  
**Barbara P Judd**  
Print or Type Name of Authorized Person

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