$75

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

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

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. ~~00116056~~ 14525
2. Exact name of the limited liability company: Skytop Images LLC
3. State of Formation: ~~RI~~ RI
4. Brief description of the character of the business which is actually conducted in Rhode Island: Publishing 401.855.0000
5. Principal office address: ~~40~~ 40 Depew St, Providence, RI, 02907

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:
Contact Name: Gil Grossman
Contact Title: Vice President
Street Address: 40 Depew St
City: Providence State: RI Zip: 02907

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: [redacted]	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. 7-16-31
Agent Name: Gilbert Grossman
Address: 40 Depew St
City: Providence RI Zip: 02907

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

FILED
FEB 19 2008
By 1062 MNC

[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.

Kevin D Weaver
Signature of Authorized Person — Date

Kevin D Weaver President
Print or Type Name of Authorized Person

Form 632 Rev. 07/07

FILED
File Date
Check No. FEB 19 2008
By 1062 MNC
FOR SECRETARY OF STATE USE ONLY

19402-30-212786

Feb 14 2008 10:52 P.01