



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. <b>141825</b>		2. Exact name of the limited liability company <b>Rhody Records LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>MUSIC PRODUCTION</b>	
5. Principal office address <b>101 ORCHARD AVE</b>		City <b>MIDDLETOWN</b>	State <b>RI</b>
		Zip <b>02842</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Thomas Newman</b>		Contact Title <b>President</b>	
Street Address <b>101 Orchard Ave</b>		City <b>Middletown</b>	State <b>RI</b>
		Zip <b>02842</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> 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 <b>THOMAS R. NEWMAN</b>		Address	
Address <b>101 ORCHARD AVENUE</b>		City <b>MIDDLETOWN</b>	Zip <b>02842-</b>

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.

File Date	<b>FILED</b>
Check No.	<b>FEB 21 2008</b>
By:	<b>101 P 163</b>
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person **Thomas Newman** Date **01/10/08**  
Print or Type Name of Authorized Person **Thomas R Newman**