



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. 155941		2. Exact name of the limited liability company ATTIC NATIONAL / INTERNATIONAL MONETARY FUND LLC.			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Managed SPOT FOREX TRADE ACCOUNTS			
5. Principal office address 53 School STREET		City East Providence	State Rhode Island	Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Arthur T. M. Charlier		Contact Title Founder, President, CEO, CFO, Managing Agent			
Street Address PO Box 603		City Warren	State Rhode Island	Zip 02885-3052	
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 ARTHUR T. M. CHARLIER		Address (PO Box 603 Warren RI 02885-3052)			
Address 53 School st		City East Providence	Zip RI 02914		

FILED

JUN 19 2008

By **KML**

06/12/08

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.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____

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