



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. 122700		2. Exact name of the limited liability company BRANN LLC		
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island MARKETING		
5. Principal office address C/O HAVAS, 430 MOUNTAIN AVENUE		City MURRAY HILL	State NJ	Zip 07974
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name PATRICK BAGAROZZA		OR TITLE OF CONTACT PERSON: Contact Title VICE PRESIDENT		
Street Address 430 MOUNTAIN AVENUE		City MURRAY HILL	State NJ	Zip 07974
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
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name CORPORATION SERVICE COMPANY		Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888	

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

122700

File Date	7-24-08
Check No.	0000001060
By:	MNC
FOR SECRETARY OF STATE USE ONLY	

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.

Patrick J. Bagarozza 6/19/08
Signature of Authorized Person Date

PATRICK BAGAROZZA
Print or Type Name of Authorized Person