

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.Be.)) is subject to a negative fee of \$25.00

(R.I.G.L. 7-16-66 (b&c)) is subject i	to a penalty fee of \$25.00	),				
160126 2 Exam	name of the limited liabili TVV		W, LLC			
3. State of Formation Rhode Island	4. Brief description of the	character of the business whic	ch is actually conducted in Rhode Islan	ıd		
5. Principal office address  70 FV COLHUM  6. MAILING ADDRESS OF L	Pd. Stc.	OF COMPANY AND NAME	Cuy    Study   OSTUDY   OR TITLE OF CONTACT PER	State SON:	24 DO 85 D	
Contact Name Billy Lewis II			Contact Title			
99 An thony St.			East Providence	State RI	- 1 <sup>20</sup> 02914	
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			Manager Name			
Street Address			Street Address			
Giv	State	Zψ	City	State	74p	
Manager Name			Manayer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
i e	Ī		•	l l		
8. RESIDENT AGENT IN RH	   ode island - do i   WiS II	NOT ALTER - Changes	require filing of Form 642 -	   R.I.G.L. 7-10	6-11	
Agent Name	W. H	NOT ALTER - Changes	ı.		5-11 Zip 02914	

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.
File Date FILED	contained herein are true and correct.
By: JUL 3 1 2008  FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person