



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 2008

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. <u>162709</u>		2. Exact name of the limited liability company <u>ABOVE AND BEYOND CONCEPTS MARKETING AND SALES LLC</u>	
3. State of Formation <u>RHODE ISLAND</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>DESIGNING AND SELLING GAMES / BOOKS</u>	
5. Principal office address <u>17 MIDDLETON STREET</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <u>DONALD E. RICCI</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
Street Address <u>17 MIDDLETON STREET</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
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) ☐		Zip <u>02909</u>	
Manager Name <u>DONALD E. RICCI</u>		Manager Name <u>JOHN J. NATALIZIA</u>	
Street Address <u>17 MIDDLETON STREET</u>		Street Address <u>61 MOSWANSICUT LAKE DR</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>SCITUATE</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02857</u>	
Manager Name <u>DANIEL M. GALLUCCI SR.</u>		Manager Name <u>JOHN J. NATALIZIA</u>	
Street Address <u>37 COLUMBIA STREET</u>		Street Address <u>61 MOSWANSICUT LAKE DR</u>	
City <u>STERLING</u>	State <u>MA</u>	City <u>SCITUATE</u>	State <u>RI</u>
Zip <u>02771</u>		Zip <u>02857</u>	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <u>DONALD E. RICCI</u>		Address <u>17 MIDDLETON STREET</u>	
Address <u>17 MIDDLETON STREET</u>		City <u>PROVIDENCE</u>	Zip <u>02909</u>

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

DONALD E. RICCI
Print or Type Name of Authorized Person

File Date

9-17-08

Check No.

1822

By:

MMC

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