

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. 2.	Francisco of the limited	li alidian anna anna			· · · · · · · · · · · · · · · · · · ·	
1. ID No.  2. Exact name of the limited liability company  155758  PREMIEN COUNIER SERVICE LLC						
3. State of Formation			which is actually conducted in Rhode Is			
RHODE ISCAND	MESSAG	E, DOCUMENT	TPACHAGE DELIVE	MY SORVICE		
5. Principal office address			City	State	Zip C	
RHODE ISCAND MESSAGE, DOCUMENT -  5. Principal office address  177 W1450 N AVE			RUMFURD	RI	02916	
6. MAILING ADDRESS 6 Contact Name	P LIMITED LIABILI	TY COMPANY AND NAM	IE OR TITLE OF CONTACT PI : Contact Title	ERSON:		
۸ ا	AL E V	ELLE	•			
Street Address			City  RUM FORD	State	Zip	
197 WILSON AVE			Punca	RI	02916	
197 WILSON AVE						
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)						
		ACES BEFORE USING AT	TACHMENTS (X BOX FOR	ATTACHMENT) [		
Manager Name			Manager Name			
RICHARD F. KELLEY						
Street Address 197 WILSON AUE ALTHORITHMO FRENCY			Street Address			
City	State	Zip	City	State	Zip	
NumForo	RE	02916	Cuy	Siate	$Z\psi$	
Manager Name			Manager Name			
meringer meme			mundger Ivanie			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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	RHODE ISLAND 3.1	OO NOT ALTER - Change	s require filing of Form 64.	2 - R.L.G.L. 7-16-11	Later School and Control of the Cont	
Agent Name			Address			
1(1Ci/A.	10 F. KEL	LEY				
I			City	Zip		
197 WILSON AVE			RUMFORD	RUMFORD NI 02916		

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

0-10-6	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	
Check No.	AND SPORT BOOK Rental TKelley 9/11/08 31VIS 30 ABVI Strinding of Authorized Person Date
By:FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person