

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 <u>208</u>

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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

		to a penalty fee of \$25.06					
	1. ID No. 2. Exact name of the himited liability company						
142530	57	ryk Capital.L					
3. State of Formation 4. Brief description of the character of the busines			·				
		Internet Da	sea lease / Fina	uneing Golf clubs & Ae	·		
5. Principal office address				City	State	Zip	
715 Discovery Blud., Ste 105 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND I				Cedar Park	Tx	78613	
Contact Name	KESS OF	LIMITED LIABILIT	i Compani and n	AME OR TITLE OF CONTACT F : Comact Title	EKSON:		
Debbie leschel			Sr. Accountant				
Street Address			City	State	Zip		
715 Discovery Blod., Ste 105			Cedar Pack	TX	7863		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED L				LIABILITY COMPANY IF APPLI	1 -	•	
, . Ivinia inip Al	DALGO U		CES BEFORE USING		RATTACHMENT)	HOL MIDNIPLING	
Manager Name				Manager Name			
Jim Williams							
Street Address				Streat Address			
715 Disc	טפרץ '	Blod. Ste 1	05				
CVIV		State	Zip	City	State	Zip	
Cedar Park		I TK	78613				
Manager Name	n ,			Manager Name			
Chris Couture				Street Address			
Strong Address 715 Discovery Blad Ste 105				Myet Address			
City PISCEC	sery D	Stare	Zip	Cft)	State	Zip	
Cedar Parl	7	TX	78613				
		HODE ISLAND		•	·		
This information is	currently (of record in the Offic	e of the Secretary of S	State. Changes require filing of For	rm 642 - R.I.G.L. 7-1	6-11	
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Providence	e RI	- 02903					
	• - •	C075					

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

FILES	including any accompany contained herein are true:
File Date Check No.SEP 2 6 2008	Delhie Jes
By By 3/3 FOR SECRETARY OF STATE USE ONLY	Signature of Authorized Per Debbie Pe Print or Type Name of Auth

Under penalty of perjury, I declare and affirm that I have examined this report, ing schedules and statements, and that all statements and correct.

orized Person