

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* - 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 (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 137906		name of the limited liability company Walker, LLC							
3. State of Formation 4. Brief description of the characte TO PROVIDE CONSULT.			tion of the character of the b IDE CONSULTING	of the business which is actually conducted in Rhode Island TING SERVICES TO THE SPA INDUSTRY					
5 Principal office address 200 Clarke Road, Unit A 303			303	Narragansett	State RI	^{Zip} 02882			
6. MAILING ADDR	ESS OF L	imited liai	BILITY COMPANY AN	D NAME OR TITLE OF CONTACT	PERSON:				
Contact Name Laura Walker				Connact Title Member					
Street Address 200 Clawke Road, Unit A303				Narragansett	State RI	^{Zφ} 02882			
7. NAME AND ADI	PRESS OF	EACH MAN	AGER OF THE LIMITE SPACES BEFORE USI	ED LIABILITY COMPANY, IF APPL NG ATTACHMENTS ("X" BOX POF	ICABLE - DO NOT	LIST MEMBERS			
Annager Name Manager Name				Manager Name	compresentant and service and the service and control the service and service and the control of the control of				
Street Address				Street Address	Street Address				
City		State	Zip	City	State	Ζŧp			
Manager Name				Manager Name	Manager Name				
Street Address				Street Address	Street Address				
CH _P		State	Zip	Cuy	State	Zф			
8. RESIDENT AGENT This information is c	Conn. contr. contratant	A INSPECTMENT STREET AND ADMINISTRATION OF THE		of State. Changes require filing of Fo	rm 642 - R.I.G.L. 7-1	6-11			

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

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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.

SamaWalker 19/1/08
Signature of Authorized Person Date

Laura Walker

Print or Type Name of Authorized Person