

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. | | name of the limited liability company | | | | | | |
|---|-----------|---------------------------------------|--|------------------------------|------------------|-------------|---------------------------------------|--|
| 121203 | 1 - | easures, LLC | | | | | | |
| 3. State of Formation 4. Brief description of the character of the husiness whi | | | ch is actually conducted in Rhode Island | | | | | |
| Rhode Island retail sale of jewelry and miniatures | | | | · | | | | |
| 5. Principal office address | | | | СИУ | State | Zip | | |
| 359 Laurel Ridge Lane | | | | North Kingstown | RI | 028 | 52 | |
| 6. MAILING ADDRE | SS OF LIN | MITED LIABILITY C | OMPANY AND NAME | OR TITLE OF CONTACT PERS | ON: | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Contact Name | | | | Contact Title | | | | |
| Edris Crockford | | | | member | | | | |
| Street Address | | | | City | State | Zip | | |
| 359 Laurel Ridge Lane | | | | North Kingstown | RI | 028 | 52 | |
| 7. NAME AND ADD | RESS OF I | EACH MANAGER O | F THE LIMITED LIABI | LITY COMPANY, IF APPLICAT | LE - <u>DO N</u> | OT LIST MEM | BERS | |
| | | FILL IN SPACES | BEFORE USING ATTA | CHMENTS ("X" BOX FOR ATT | ACHMENT) | | • | |
| Manager Name | | | Manager Nume | | | | | |
| | | | | | | | | |
| Street Address | | | | Street Address | | | | |
| | | | | | | | | |
| СЧу | T, | State | Ζίρ | City: | State | Zip | | |
| | | | | | | | | |
| Manager Name | | | | Manager Name | | | | |
| | | | | | | | | |
| Street Address | | | | Street Address | | | | |
| | | | | | | | | |
| City | | State | Zip | Сиу | State | Zip | | |
| , i | | | | | | | | |
| 8. RESIDENT AGEN | T IN RHO | DE ISLAND DO N | OT ALTER - Changes | require filing of Form 642 - | R.I.G.L. 7-1 | 6-11 | 1.50 | |
| Agent Name | | | | Address | | | | |
| Rodio & Ursillo, Li | td. | | | | | | | |
| Address | | | | City | | Zip | | |
| 86 Weybosset Street | | | Providence | 02903 | | | | |

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

121203

| FILED File Date | |
|---------------------------------|--|
| OCT 0 6 2008 | |
| By 1852 | |
| FOR SECRETARY OF STATE USE ONLY | |

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

Print or Type Name of Authorized Person

Edris Crockford