

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 limet	name of the limited liabili	Fer 270021 (VE123)						
264837	1	Promotions, LLC							
3. State of Formation		4. Brief description of the	character of the business whi	cb is actually conducted in Rhode Island					
RI		consulting service to promote and market business enterprises							
5 Principal office address				City	State		Zip		
109 Breakhill Road				West Greenwich	RI		02818		
6. MAILING ADDRE	SS OF LI	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:				
Mattew E. Cowell				Commercial					
Street Address				City	State		Zip		
109 Breakhill Road				West Greenwich	RI		02818		
7. NAME AND ADDE	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLICAB	LE DO N	OT LIST	MEMBERS		
	. A	FILL IN SPACE	S BEFORE USING ATTA	CHMENTS ("X" BOX FOR ATT	ACHMENT)				
Manager Name				Manager Name					
Mattew E. Cowell				i i i					
Street Address				Street Address					
109 Breakhill Road	1								
^{Сід-} West Greenwich		State RI	^{Zip} 02818	City	State		Zip		
Manager Name		Manager Name					<i>J</i>		
				•					
Street Address		·		Street Address					
City		State	Zip	City:	State	B. B. 11. 11.	Zip		
8. RESIDENT AGENT	ا I IN RHC	DDE ISLAND - DO N	OT ALTER - Changes	: require filing of Form 642	1 R.I.G.L. 7-1	6-11			
Agent Name	* **.	•	• · · · · · · · · · · · · · · · · · · ·	Address			·		
John S. DiBona, Esq.				145 PHENIX AVENUE					
Address				City Zip					
				CRANSTON	ISTON 02920				

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

264837

File Date	FILED	
Check No.	OCT 0 8 2008	_ :
ву: _Ву .	1048	_
F	OR 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.

ARANI OC

ignature of Authorized Person

Date

Matthew E. Cowell, Manager

Print or Type Name of Authorized Person