



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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.  
165384

2. Exact name of the limited liability company  
QUADRIGA ART LLC

3. State of Formation  
DELAWARE

4. Brief description of the character of the business which is actually conducted in Rhode Island  
Direct Mail House

5. Principal office address  
30 East 33rd Street, 10th Floor

City  
New York

State  
NY

Zip  
10016

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name  
Bill Nordengren

Contact Title  
Corporate Controller

Street Address  
19 Stoney Brook Drive

City  
Wilton

State  
NH

Zip  
03086

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - **DO NOT LIST MEMBERS**  
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name  
Thomas B. Schulhof

Manager Name

Street Address  
30 East 33rd Street, 10th Floor

Street Address

City  
New York

State  
NY

Zip  
10016

City  
State  
Zip

Manager Name

Manager Name

Street Address

Street Address

City  
State  
Zip

City  
State  
Zip

## 8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

165384

FILED

OCT 10 2008

By 72790

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

Date

THOMAS B. SCHULHOF

Print or Type Name of Authorized Person