Office of the Secretary of State	e: \$50.00
Corporations Division	
148 W. River Street	
Providence, Rhode Island 02904-2615	
Plary of 5 Telephone: (401) 222-3040	
Limited Liability Company	
Annual Report	
Filing Period: September 1 - November 1	
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.	
ANNUAL REPORT YEAR: 2008	
1. ID No. <u>000154089</u>	
2. Exact Name of the Limited Liability Company CBI Financial LLC	
3. State of Formation	
State: <u>DE</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Isla	
5. Principal Office Address	
Ne. and Otresty 7111 MALLEY ODEEN DOAD	
No. and Street: <u>7111 VALLEY GREEN ROAD</u>	
City or Town:FORT WASHINGTONState: PAZip: 19034Country: L	<u> 58</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: Contact Title:	
No. and Street: 7111 VALLEY GREEN ROAD	
No. and Sileei. 7111 VALLET OKLEN KOAD	
City or Town:FORT WASHINGTONState: PAZip: 19034Country: L	JSA
	J <u>SA</u>
City or Town: FORT WASHINGTON State: PA Zip: 19034 Country: L 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.	J <u>SA</u>
City or Town: FORT WASHINGTON State: PA Zip: 19034 Country: L 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	
City or Town: FORT WASHINGTON State: PA Zip: 19034 Country: L 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address	
City or Town: FORT WASHINGTON State: PA Zip: 19034 Country: I 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address	
City or Town: FORT WASHINGTON State: PA Zip: 19034 Country: L 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS DO NOT LIST MEMBERS Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country: 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	

Signed this 29 Day of October, 2008 at 10:01:34 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>ALEX SELDIN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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