



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. 126759		2. Exact name of the limited liability company Cliff Walk Press LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Book Publishing	
5. Principal office address 18 Preakness Dr.		City Lincoln	State RI
		Zip 02885	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name HILDA G. ERFE		Contact Title Sales manager	
Street Address 18 Preakness Dr.		City Lincoln	State RI
		Zip 02885	
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) <input type="checkbox"/>			
Manager Name HILDA G. ERFE		Manager Name	
Street Address 18 Preakness Dr.		Street Address	
City Lincoln	State RI	City	State
Zip 02885		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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			

2008 OCT 29 AM 10:51  
 2008 DEC -1 PM 1:06

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

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.

Hilda G. Erfe 10/29/08  
Signature of Authorized Person Date

HILDA G. ERFE  
Print or Type Name of Authorized Person

File Date	12-14-08
Check No.	4118
By:	<u>MNC</u>
FOR SECRETARY OF STATE USE ONLY	