



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

A. Ralph Mollis, Secretary of State
Corporation Division
148 Water Street
Providence, Rhode Island 02903
Phone: (401) 277-2200

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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)(6)) is subject to a penalty fee of \$25.00.

1. ID No. 151221		2. Exact name of the limited liability company dutchmoney limited liability company			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island graphic design services			
5. Principal office address 239 HARRIS AVENUE, #528		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John McKenna		Contact Title Partner			
Street Address 239 Harris Avenue, #528		City Providence	State RI	Zip 02903	
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 John McKenna		Manager Name			
Street Address 117 Grove Street, #2		Street Address			
City Providence	State RI	Zip 02909	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					

FILED

MAY 07 2009

By *[Signature]*

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

2009 MAY -7 AM 11:45

RECEIVED
SECRETARY OF STATE
CORPORATION DIV

151221

File Date	_____
Check No.	_____
By:	_____
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

[Signature] 5/7/2009
JOHN MCKENNA

Print or Type Name of Authorized Person