

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.

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		rrus - Gran	nger Photogra	phy, LLC	
3. State of Formation Q.T.	3	e character of the business wh	ich is actually conducted in Rhode Islan	d /	
5. Principal office address	<u> I Photogra</u>	chny 1 con	sulting		
532 Kinsley Ave #302			Providence	State R.J	02909
6. MAILING ADDRESS OF	LIMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:	1-0-1-1
McKenzie Burrus-Granger Street Address			Principal Principal		
532 Kinsley Ave #302			Providence	State R_I	02909
, ,	•		LITY COMPANY, IF APPLICAE	I F DO NOT HET	1 " 1 1
	FILL IN SPACE	S BEFORE USING ATTA	ACHMENTS ("X" BOX FOR ATT	ACHMENT)	MEMBERS
Manager Name			Manager Name		
					· · · · · · · · · · · · · · · · · · ·
Street Address			Street Address		
City	State	21р	City	State	Zip
Manager Name	.]		Manager Name		<u>.J.</u>
Street Address			Street Address		
City	State	Zip	Сиу	State	Ζip
8. RESIDENT AGENT IN RH	! IODE ISLAND	1	•	ł	,,
		of the Secretary of State.	Changes require filing of Form 6	42 - R.I.G.L. 7-16-11	23
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					: 24
	This report must b	e executed by an author	ized person pursuant to R.I.G.L	7-16-66 (b)	F
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File Date	FILED
Check No	JUN - 4 2009
By:	By 091274
1	R 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

McKenzle Burrus - Granger

Print or Type Name of Authorized Person

Form 632 Rev. 08/08