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 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

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.	2. Exact name of the limited liability company
139023	TJSinclair, LLC.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	Sales of cellular telephones and accessoroes

5. Principal office address	City	State	Zip
735 Central Avenue	Johnston	RI	02919

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

Contact Name	Contact Title
Kristen Sinclair	

Street Address	City	State	Zip
735 Central Avenue	Johnston	RI	02919

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	Manager Name
Albert Sinclair	
Street Address	**Street Address**
735 Central Avenue	
City / State / Zip	**City / State / Zip**
Johnston / RI / 02919	
Manager Name	**Manager Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
Joseph Passaretti, CPA	
Address	**City / Zip**
357 Putnam Pike	SMITHFIELD 02917

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SECRETARY OF STATE
CORPORATIONS DIV

FILED
AUG 05 2009
By 29.96065

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

[redacted] 139023 [redacted]

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.

Kristen Sinclair 8/3/09
Signature of Authorized Person *Date*

[redacted] Kristen Sinclair
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07