



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

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
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: 2009

1. ID No. 000149748

2. Exact Name of the Limited Liability Company INTERNATIONAL JOURNAL OF ARTS AND SCIENCES LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

ACADEMIC PUBLICATION

5. Principal Office Address

No. and Street: 99 SLEEPY HOLLOW DRIVE
City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: M.D. ORT Contact Title:
No. and Street: 99 SLEEPY HOLLOW DRIVE
City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	D ORT	99 SLEEPY HOLLOW DR CUMBERLAND, RI 02864 USA

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

M.D. ORT 99 SLEEPY HOLLOW DRIVE CUMBERLAND , RI 02864

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

Signed this 12 Day of September, 2009 at 1:33:18 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 M.D. ORT
Signature of Authorized Person

Form No. 632
Revised 09/07

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