

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

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

Fee: \$50.00

enclosed

**Limited Liability Company
Annual Report 2009**

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.** 000155180**2. Exact Name of the Limited Liability Company** Developpe, LLC**3. State of Formation**

State:

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**CAREER DEVELOPMENT****5. Principal Office Address**No. and Street: 440 SCHOONER AVENUECity or Town: JAMESTOWNState: RIZip: 02835Country: USA**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 440 SCHOONER AVENUECity or Town: JAMESTOWNState: RIZip: 02835Country: USA**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Name

Address

Address, City or Town, State, Zip Code, Country

FILED**OCT 14 2009**By 1197

10/12/09 10:52 AM

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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**ELLEN WEAVER PAQUETTE 440 SCHOONER AVENUE JAMESTOWN , RI 02835-**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).****Filer's Contact Information***(Enter a contact name, mailing address and email.)*Contact Name: Ellen Weaver Paquette

Business Name:

No. and Street: 440 SCHOONER AVENUECity or Town: JAMESTOWNState: RIZip: 02835Country: USAContact Phone: (401) 423-0171 ext:Contact Email: ellen@careerconsultingconcepts.com

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

Signed this 12 Day of October, 2009 at 10:51:41 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 Ellen Weaver Paquette

Signature of Authorized Person

Make Corrections**Accept**Form No. 632
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