



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 2009

**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.

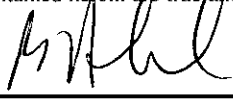
1. ID No. 403029		2. Exact name of the limited liability company The Remi Group, LLC			
3. State of Formation North Carolina		4. Brief description of the character of the business which is actually conducted in Rhode Island			
5. Principal office address 11325 N. Community House Road		City Charlotte	State NC	Zip 28277	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Brian Landon			Contact Title		
Street Address 11325 N. Community House Road		City Charlotte	State NC	Zip 28277	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Daniel Schuster			Manager Name Brent Howison		
Street Address 11325 N. Community House Road			Street Address 11325 N. Community House Road		
City Charlotte	State NC	Zip 28277	City Charlotte	State NC	Zip 28277
Manager Name Laura Barclift			Manager Name Chris Steuber		
Street Address 11325 N. Community House Road			Street Address 11325 N. Community House Road		
City Charlotte	State NC	Zip 28277	City Charlotte	State NC	Zip 28277
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					

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

403029

<b>FILED</b>	
File Date	OCT 27 2009
Check No.	BY 2392
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 9/21/09  
Brian Landon  
Print or Type Name of Authorized Person