

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615

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 (bere)) is subject to a penalty fee of \$25,00

1. <i>ID No.</i> 280067	2. Exact name of the limit The Kids, LLC	t name of the limited liability company Kids, LLC				
3. State of Formation Rhode Island		tion of the character of the b e Holding Company	usiness which is actually conducted in R I	bode Island		
5. Principal office address 2129 Plainfield Pike			Gity Johnston	State RI	Zip 02919	
6. MAILING ADDR Contact Name Richard Defusco		BILITY COMPANY AN	D NAME OR TITLE OF CONTAC Contact Title Member	CT PERSON:	,	
Street Address 2129 Plainfield Pike			Clip Johnston	State RI	<i>շտ</i> 02919	
/ · · · · · · · · · · · · · · · · · · ·		SPACES BEFORE US	ED LIABILITY COMPANY, IF A	FOR ATTACHMENT)	i <u>List Membeks</u>	
**	PILL IN	SPACES BEFORE US.	Manager Name NONE	TORALIZATIMENT/	•	
NONE	THE IN	STACES BEFORE US.	Manager Name	TOTAL PAGE 1817		
NONE Street Address	State	Zip	Manager Name NONE	State	Zip	
NONE Street Address Gity			Manager Name NONE Street Address		Zip	
Manager Name NONE Street Address City Manager Name NONE Street Address			Manager Name NONE Street Address City Manager Name		Zip	

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

File Date FILED

Check No. NOV 24 2009

By:

FOR SECRETARY BY LATE LA SONEY

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

Richard Defusco, Member

Print or Type Name of Authorized Person