

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. | 2. Exact | t name of the limited liability company | | | | | |
|--|------------------|---|-------------------------------|--|------------|---------------|--|
| 156801 | TRUE | E GROUP, LLC | | | | | |
| 3. State of Formation 4. Brief description of the character of the bus | | | character of the business whi | which is actually conducted in Rhode Island | | | |
| Rhode Island Media advertising coun | | | ising counsult | ltation | | | |
| 5. Principal office address | | | | City | State | Zip | |
| 125 Victory 6. MAILING ADDRES Contact Name | Highw ss of L | ay IMITED LIABILITY (| COMPANY AND NAME | West Greenwich OR TITLE OF CONTACT PERS | RI SON: | 02817 | |
| Roland Rudio | | | | Member | | | |
| Street Address | | | | City | State | Zip | |
| Same as above | | | | | | | |
| 7. NAME AND ADDR | iess of | | | LITY COMPANY, IF APPLICAE ACHMENTS ("X" BOX FOR ATT Manager Name | | MEMBERS | |
| Street Address | | | | Street Address | | | |
| City | | State | Zip | City | State | Zip | |
| Manager Name | | | | Manager Name | | | |
| Street Address | | | | Street Address | | | |
| City | | State | Zip | Ciŋ· | State | Zip | |
| | | | | ., Esq., 1551 Centr Changes require filing of Form 6 | | ick, RI 02886 | |

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

| File Date | JUN 03 2010 |
|-----------|---------------------------------|
| Check Na | 8 COL |
| Ву: | 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.

Signatura (Range)

Roland Rudio, Member

Print or Type Name of Authorized Person