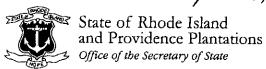
Part 3/24/11



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 \mathcal{AOII}

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.

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I. ID No.	2. Exact name of the limited l	iability company				
134739	14enai	Mance Co.	mmunication	1160		
3. State of Formation	4. Brief description	of the character of the business wh	ich is actually conducted in Rhode Is	land n # /		
117	Pyh	IIShing TU	Brothution	1 St Neu	US DAREIS	
5. Principal office address	adonal Pt	Parter 201	City Droll	State	Zip / 70 - 5	
6. MAILING ADDRE	SS OF LIMITED LIABILE	TY COMPANY AND NAME	ORTULE OF CONTACT P	TSON.		
Contact Name	<u> </u>	ज्यात्रकारकारकारकारकारकारकारकारकारकारकारकारकार	Contact Title			
50	OTT /TOJ	<u> </u>		wher		
Street Address	1 10 1	i)	City	State	Zip	
550	rad ford	J t	110%	1 Blo	Juris	
7. NAME AND ADDR	ESS OF EACH MANAGE	R OF THE LIMITED LIAB	ILITY COMPANY, IF APPLIC	ABLE - DO NOT L	IST MEMBERS	
			ACHMENTS ("X" BOX FOR A			
Manager Name			Manager Name			
munuger Hume	Prom H	CS	manager Nume			
Street Address	Productional	ST. Suire 200	Street Address			
City STOK	State 1	2p 02903	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
Clu	State	7h	:	State	76	
City	State	Zψ	City	State	Zip	
ng ang madawak kapitak dan baga dakapikataba	S of the leaders of the supplementation of the second of t	sa i kategoria ki a kaj ki ofisio arkaj proj projeci je oka krije obra oka	: Seculos gras (albertalas de Austria de Nos.	n ede over were all a certain		
8. RESIDENT AGENT	the productive control of the contro	a osposa karinga itti sakabala	en de la composição de la			
This information is cur	rently of record in the Off	ice of the Secretary of State.	Changes require filing of Forn	1 642 - R.I.G.L. 7-16-1	1	

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

u ni kuthirak (hi).			s:
File Date	- AUS	2 5 2011	
Check No			
DV	N.	_ S	3
Ву:	Y) eca	

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

Print or Type Name of Authorized Person