



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 2010

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. 489803		2. Exact name of the limited liability company Mundo Cristiano, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Advertising Services			
5. Principal office address 82 Killingly Street		City Providence	State RI	Zip 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Leonel A. Pazos		Contact Title President			
Street Address 68 Colwell Street		City Cranston	State RI	Zip 02920	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Leonel A. Pazos		Manager Name Silvia E. Paz			
Street Address 68 Colwell Street		Street Address 68 Colwell Street			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Manager Name Ana L. Contreras		Manager Name			
Street Address 82 Killingly Street		Street Address			
City Providence	State RI	Zip 02909	City	State	Zip
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					

FILED

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By 154903

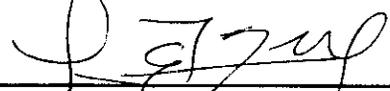
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OFFICE OF THE SECRETARY OF STATE
CORPORATIONS DIV
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

489803

File Date _____
Check No. _____
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 10/21/11
Leonel A pazos
Print or Type Name of Authorized Person