State of Rhode Island
and Providence Plantations
c. Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. State Street
Providence, RI 02903-1335
(401) 222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

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 name of the limited liability company
551762	The 02908 Club, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	to buy, sell, hold, license, and otherwise deal with intellectual property, including copyrights.

5. Principal office address	City	State	Zip
1300 Division Road Suite 203	Warwick	RI	02893

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Robert T. McCann	Manager

Street Address	City	State	Zip
1300 Division Road Suite 203	Warwick	RI	02893

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) ☐

Manager Name	Manager Name
Robert T. McCann	
Street Address	Street Address
1300 Division Road Suite 203	
City / State / Zip	City / State / Zip
Warwick / RI / 02893	
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	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. 7-16-11Orson and Brusmi Ltd.

RECEIVED
2011 NOV 14 AM 11:16
SECRETARY OF STATE
CORPORATIONS DIV

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

[redacted]

FILED
File Date NOV 14 2011
Check No. 154605
By SY
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.

Robert T. McCann 11/14/11
Signature of Authorized Person *Date*

[redacted]

Robert T. McCann, Manager
Print or Type Name of Authorized Person

Form 632 Rev. 08/08