



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

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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. <u>324198</u>		2. Exact name of the limited liability company <u>LAST LAUGH LLC</u>			
3. State of Formation <u>R.I.</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>NOVELTIES, PRODUCTS TO MAKE YOU LAUGH</u>			
5. Principal office address <u>30 HARKNESS ST</u>		City <u>PROVIDENCE</u>	State <u>R.I</u>	Zip <u>02909</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>RAY MIRABELLA SR.</u>		Contact Title <u>OWNER</u>			
Street Address <u>30 HARKNESS ST</u>		City <u>PROV.</u>	State <u>R.I</u>	Zip <u>02909</u>	
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			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name			Address		
Address			City	Zip	

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2012 JAN 18 PM 3:51

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

FILED	
File Date	<u>JAN 18 2012</u>
Check No.	<u>160911</u>
By:	<u>RAY MIRABELLA SR.</u>
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.

RAY MIRABELLA SR. 1-18-12
Signature of Authorized Person Date

RAY MIRABELLA SR.
Print or Type Name of Authorized Person