State of Rhode Island and Providence Plantations Office of the Secretary of State         Division of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 716-66(0), each limited liability company failing or refusing to file its annual Report with Interfue (200 days after the time prescribed by law (R.I.G.L. 7- 16-66(b6(c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 12         1         1. ID No. 0000663353         2. Exact Name of the Limited Liability Company Kopper Creative LLC         3. State of Formation State: RI         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Web design and development plus print and other design media.         5. Principal Office Address         No. and Street: 24 THAMES STREET City or Town: NEWPORT State: RI Zip: 02840 Country: US         Contact Name: CHARLES KOPPER Contact Title: OWNER No. and Street: 24 THAMES STREET City or Town: NEWPORT State: RI Zip: 02840 Country: USA         This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).					
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report Filing Period: September 1 - November 1         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(b8(c)) is subject to a penalty fee of \$25.00         ANNUAL REPORT YEAR: 12         1. ID No.       000663353         2. Exact Name of the Limited Liability Company Kopper Creative LLC         3. State of Formation State: RI         State: RI         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Web design and development plus print and other design media.         5. Principal Office Address         No. and Street:       24 THAMES STREET City or Town:       Xiate: RI       Zip: 02840       Country: US         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: CHARLES KOPPER Contact Title: OWNER No. and Street:       24 THAMES STREET City or Town:       NEWPORT       State: RI       Zip: 02840       Country: US         Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name       Address					
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 CHARLES KOPPER 24 THAMES STREET NEWPORT , RI 02840	Title	Individual Name	Ado	lress	
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 CHARLES KOPPER 24 THAMES STREET NEWPORT , RI 02840		First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country	
	CHARLES KOPPER 24	THAMES STREET NEWPORT , R	<u>I 02840</u>		
	9. This report must be ex	ecuted by an authorized person p	oursuant to R.I.G.L. 7	-16-66 (b).	

**Signed this 16 Day of January, 2013 at 10:05:40 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>CHARLES KOPPERT</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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