



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

Fee: \$50.00

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. 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.*

**ANNUAL REPORT YEAR:** 2013

**1. ID No.** 000162243

**2. Exact Name of the Limited Liability Company** ROBERT-LESLIE PUBLISHING LLC

**3. State of Formation**

State: DE

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

SELLING EARLY CHILDHOOD EDUCATIONAL MATERIALS AND PRODUCTS

**5. Principal Office Address**

No. and Street: 4147 N RAVENSWOOD, 3RD FLOOR SUITE  
301

City or Town: CHICAGO

State: IL Zip: 60613 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: WHITNEY TAYLOR RANEY Contact Title: CPA

No. and Street: P.O. BOX 1514

City or Town: JONESBORO

State: AR

Zip: 72403-1514

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JAMES COFFEY	348 CR 744 JONESBORO, AR 72401 USA
MANAGER	JUDITH COFFEY	348 CR 744 JONESBORO, AR 72401 USA
MANAGER	DANIEL WASP	21 BEVERLY DRIVE CODY, WY 82414 USA
MANAGER	DENNIS CHUA	29 GARDEN COURT HUNTINGTON, NY 11743 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

**Signed this 31 Day of October, 2013 at 10:59:50 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 WHITNEY TAYLOR RANEY, CPA  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2013 State of Rhode Island and Providence Plantations  
All Rights Reserved