



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 2014

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. 551762 | | 2. Exact name of the limited liability company The 02908 Club, LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of the business which is actually conducted in Rhode Island to buy, sell, hold, license, and otherwise deal with intellectual property, including copyrights. | | | |
| 5. Principal office address 168 Eaton Street | | City Providence | | State RI | Zip 02908 |
| Contact Name Robert T. McCann | | Contact Title Manager | | | |
| Street Address 168 Eaton Street | | City Providence | | State RI | Zip 02908 |
| Manager Name Robert T. McCann | | Manager Name | | | |
| Street Address 168 Eaton Street | | Street Address | | | |
| City Providence | State RI | Zip 02908 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |

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 Orson and Brusini Ltd.

FILED

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

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.

| |
|-----------|
| File Date |
| Check No. |
| By |

 **9/5/14**
Signature of Authorized Person Date

Robert T. McCann, Manager

Print or Type Name of Authorized Person