RI SOS Filing Number: 201581170380 Date: 09/30/2015 4:00 PM

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 2015

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		
549484	Creative Circle, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
Delaware	staffing of advertising, creative, marketing, visual communication and interactive professionals		
5. Principal office address	City	State	Zip
5900 Wilshire Boulevard, 11th Floor	Los Angeles	CA	90036

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

Contact Name	Contact Title		
Patricia Bilman	Compliance Administrator		
Street Address	City	State	Zip
5900 Wilshire Boulevard, 11th Floor	Los Angeles	CA	90036

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
Street Address	Street Address
City / State / Zip	City / State / Zip
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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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. 7-16-11

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FILED
SEP 30 2015
By 257502
A.A.

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

549484

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.

9/24/2015
Signature of Authorized Person *Date*

Patricia Bilman, Compliance Administrator
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

125987-1-1070767

Form 632 Rev. 08/08