

AMENDED ANNUAL REPORT



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 118247		2. Exact name of the limited liability company Thames & Kosmos, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PRODUCT DEVELOPMENT, SALES AND DISTRIBUTION OF SCIENCE EXPERIMENT KITS AND TOYS	
5. Principal office address 77 LONG WHARF		City NEWPORT	State RI
		Zip 02840-	
6. CONTACTING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name EDMUND B MCGUIRE		Contact Title PRESIDENT	
Street Address 207 HIGH POINT AVENUE		City PORTSMOUTH	State RI
		Zip 02871	
7. WE AND ADDRESSES OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE			
8. ANY MODIFICATIONS TO MANAGERS REQUIRE FILING OF AMENDMENT (GL 42-1-20.7)			
Manager Name EDMUND B MCGUIRE		Manager Name	
Street Address 39 WASHINGTON ST		Street Address	
City NEWPORT	State RI	Zip 02840	City NEWPORT
State RI	Zip 02840	City NEWPORT	State RI
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
9. PRESIDENT AGENT IN RHODE ISLAND, IF NO BARRIER CHANGES, MAIL TO 100 NORTH MAIN STREET, 4TH FLOOR, PROVIDENCE, RI 02903-1335			
Agent Name EDMUND B. MCGUIRE		Address 39 WASHINGTON STREET	
Address		City NEWPORT	Zip 02840-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 1 8 2 4 7

118247 DLLC 12/09/03 01:00:06 PM	
File Date	12/17/03
Check No.	no fee
By	ED
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.

Signature of Authorized Person: *Edmund McGuire* Date: 12/12/03

Print or Type Name of Authorized Person: Edmund McGuire