

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

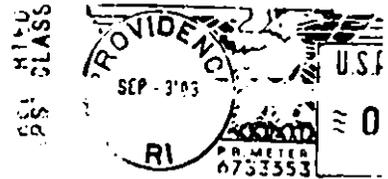
1 ID No. 123092		2 Exact name of the limited liability company THEMIE, LLC				
3 State of formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island				
5 Principal office address		City		State	Zip	
6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name		Contact Title				
Street Address		City		State	Zip	
7 NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52						
8 Manager Name		Manager Name				
Street Address		Street Address				
City		State	Zip	City	State	Zip
9 Manager Name		Manager Name				
Street Address		Street Address				
City		State	Zip	City	State	Zip
10 RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11						
11 Agent Name CONSTANTINOS FRANGAKIS		Address				
City		State	Zip	City	State	Zip



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

Matthew A. Brown
Secretary of State

[Handwritten signature]



SEP 04 2003 PROV RI 023



- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED REFUSED
- ATTEMPTED NOT KNOWN
- NO SUCH STREET
- INCORRECT
- NOT ACCEPTABLE
- NOT DELIVERABLE AS ADDRESSED UNABLE TO DELIVER
- DATE _____
- REASON _____

