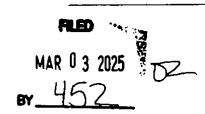


State of Rhode Island Department of State - Business Services Division



Annual Report for the year: 2005 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
001720320	Cedez tarot LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
459999	RETail Sales of spiritual/metaphysical products				
5. State of Formation					
Rhode Island					
6. Principal Office Address	incipal Office Address		State	Zip	
103 WICKENDEN ST		Providence	RI	02903	
7. Mailing Address of Limited L	iability Company and Na	me or Title of Contact Person			
Contact Name		Contact Title			
Mercedez Matos		CO-OWNER_	CO-OWNER_		
Street Address 124 home Ave		Providence	State R1	0d908	
8. The Resident Agent information	tion currently of record w	ith the RI Department of State is accura	ate. Changes requ	ire filing Form 642.	
9. Under penalty of perjury, I statements, and that all state	declare and affirm that ments contained herei	t I have examined this report, includi in are true and correct.	ng any accompan	nying schedules and	
Name of Authorized Person			Date		
Mercedez Mat	tos		03/0	a a 5	
Signature of Authorized Persor	<u> </u>				
Mercedin	matro				
\overline{v}					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov