



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 2007

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

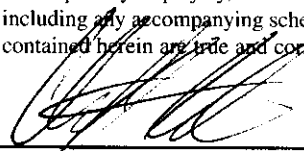
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 160675		2. Exact name of the limited liability company Celestron Technologies, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REPAIR, REFURBISH, BUILD COMPUTERS			
5. Principal office address: 7 OAKLAND AVE		City JOHNSTON	State RI	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CHRISTOPHER M. CELESTE			Contact Title MANAGER		
Street Address 7 OAKLAND AVE		City JOHNSTON	State RI	Zip 02919	
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) <input type="checkbox"/>					
Manager Name CHRISTOPHER M. CELESTE			Manager Name MATTHEW P. CELESTE		
Street Address 7 OAKLAND AVE			Street Address 90 SALEM AVE		
City JOHNSTON	State RI	Zip 02919	City CRANSTON	State RI	Zip 02920
Manager Name _____			Manager Name _____		
Street Address _____			Street Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CHRISTOPHER M. CELESTE			Address _____		
Address 7 OAKLAND AVENUE			City JOHNSTON	Zip 02919-	

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

FILED	
File Date	SEP 07 2007
Check No.	92
By:	CB
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

9-5-7
Date

CHRISTOPHER CELESTE
Print or Type Name of Authorized Person