



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.<br><b>129072</b>  |                    | 2. Exact name of the limited liability company<br><b>Theodore Brown LLC</b>  |   |                      |     |
| 3. State of Formation<br><b>RHODE ISLAND</b>  |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>DISTRICT MANAGER FOR DARTMOUTH PHARMACEUTICALS, INC.</b> |   |                      |     |
| 5. Principal office address<br><b>97 Auburn Dr.</b>   |                    | City<br><b>Charlestown</b>   | State<br><b>RI</b>                      | Zip<br><b>02813</b>  |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |                    |  |   |                      |     |
| Contact Name<br><b>Theodore Brown</b>   |                    |  | Contact Title<br><b>Sole Proprietor</b> |                      |     |
| Street Address<br><b>97 Auburn Dr.</b>  |                    | City<br><b>Charlestown</b>   | State<br><b>RI</b>                      | Zip<br><b>02813</b>  |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |  |   |                      |     |
| Manager Name<br><b>Theodore Brown</b>   |                    |  | Manager Name                            |                      |     |
| Street Address<br><b>97 Auburn Dr.</b>  |                    |  | Street Address                          |                      |     |
| City<br><b>Charlestown</b>  | State<br><b>RI</b> | Zip<br><b>02813</b>  | City                                    | State                | Zip |
| 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<br><b>THEODORE A. BROWN</b>  |                    |  | Address                                 |                      |     |
| Address<br><b>97 AUBURN DRIVE</b>   |                    |  | City<br><b>CHARLESTOWN</b>              | Zip<br><b>02813-</b> |     |

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

|                                 |                    |
|---------------------------------|--------------------|
| <b>FILED</b>                    |                    |
| File Date                       | <b>OCT 10 2007</b> |
| Check No.                       | <b>By 2051</b>     |
| By:                             |                    |
| 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.

Theodore Brown 10/5/07  
Signature of Authorized Person Date  
Theodore Brown  
Print or Type Name of Authorized Person