



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. 114636		2. Exact name of the limited liability company TALON ART ASSOCIATES, LLC.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ART BUSINESS AND ART SUPPLIES			
5. Principal office address 1445 Wampanoag Trail, Ste. 103		City East Providence	State RI	Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Ronald J. Rodrigues			Contact Title Manager		
Street Address 1445 Wampanoag Trail, Ste. 103		City East Providence	State RI	Zip 02915	
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 Ronald J. Rodrigues			Manager Name Rocco P. Desimone		
Street Address 209 Hope Street			Street Address 103 Hopkins Avenue		
City Bristol	State RI	Zip 02809	City Johnston	State RI	Zip 02919
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 RONALD J. RODRIGUES			Address 1445 Wampanoag Trail, Ste. 103		
Address 1445 WAMPANOAG TRAIL, SUITE 103			City EAST PROVIDENCE	Zip 02915-	

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

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.

Ronald J. Rodrigues 10/11/07
Signature of Authorized Person Date

Ronald J. Rodrigues, Manager

Print or Type Name of Authorized Person

File Date: **FILED**
Check No.: **OCT 16 2007**
By: *[Signature]*
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