



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. 152651		2. Exact name of the limited liability company CAROLINA SALES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island <i>Internet Marketing to Industrial Manuf. Co.'s</i>	
5. Principal office address <i>97 Old Shannock Rd.</i>		City <i>Charlestown</i>	State <i>RI</i>
		Zip <i>02813</i>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF CONTACT PERSON:			
Contact Name <i>Mr. William R. Kelly, Jr.</i>		Contact Title <i>President</i>	
Street Address <i>P.O. Box 62</i>		City <i>Carolina</i>	State <i>RI</i>
		Zip <i>02813</i>	
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 ██████████		Manager Name ██████████	
Street Address ██████████		Street Address ██████████	
City ██████████	State ██████████	City ██████████	Zip ██████████
Manager Name ██████████		Manager Name ██████████	
Street Address ██████████		Street Address ██████████	
City ██████████	State ██████████	City ██████████	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 WILLIAM R. KELLY, JR.		Address	
Address 97 OLD SHANNOCK ROAD		City CHARLESTOWN	Zip 02813-

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.

William R. Kelly, Jr. 10/6/07
Signature of Authorized Person Date
William R. Kelly, Jr.
Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 18 2007
By:	By 309
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