



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. 159250		2. Exact name of the limited liability company Show Me a Sign LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Teaching sign language classes	
5. Principal office address 68 Pineledge Road		City Greenville	State RI
		Zip 02828	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jeanne Ziter		Contact Title owner	
Street Address 68 Pineledge Road		City Greenville	State RI
		Zip 02828	
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 Jeanne Ziter		Manager Name _____	
Street Address 68 Pineledge Road		Street Address _____	
City Greenville	State RI	City _____	State _____
Zip 02828	Zip _____	Zip _____	Zip _____
Manager Name _____		Manager Name _____	
Street Address _____		Street Address _____	
City _____	State _____	City _____	State _____
Zip _____	Zip _____	Zip _____	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 JEANNE ZITER		Address _____	
Address 68 PINELEDGE ROAD		City GREENVILLE	Zip 02828-

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.

FILED
File Date _____
Check No. OCT 25 2007
By: By 1020
FOR SECRETARY OF STATE USE ONLY

Jeanne Ziter 10-18-07
Signature of Authorized Person Date
Jeanne Ziter
Print or Type Name of Authorized Person