



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 2008

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 274637		2. Exact name of the limited liability company PRODUCT STRATEGY ASSOCIATES LLC			
3. State of formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOPMENT AND LICENSING OF NEW PRODUCT CONCEPTS			
5. Principal office address 268 HILLSIDE AVENUE			City PAWTUCKET	State RI	Zip 02860
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name KEITH D. PATTERSON			Contact Title GENERAL PARTNER		
Street Address 268 HILLSIDE AVENUE			City PAWTUCKET	State RI	Zip 02860
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	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

KEITH D. PATTERSON
268 HILLSIDE AVE
PAWTUCKET, RI 02860

2008 OCT 28 AM 10:55

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

FILED
File Date
OCT 28 2008
Check No.
109
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.

David S. Wrenn **OCT 26, 2008**
Signature of Authorized Person Date

DAVID S. WRENN
Print or Type Name of Authorized Person