

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

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.	2. Exact yame of the limited	l liability company				
152651	Carolin	a Sales,	LLC			
3. State of Formation	4. Brief description	n of the character of the b	ousiness which is actually conducted in	Rhode Island		
RI	-Turt	ernet 1	Marketing School	trans		
5. Principal office address	Shannock	Rd	Charles	forum State RT	zip 02813	
6. MAILING ADDRESS	OF LIMITED LIABII	LITY COMPANY AN	D NAME OR TITLE OF CONT.	ACT PERSON:		
Contact Name William	L. Lelle,		agant/(	Contage Title Guner		
Street Address			City	State	Zip	
P O. 130X	508 /		(aroli)	ra   RI	02812	
7. NAME AND ADDRE			ED LIABILITY COMPANY, IF		IST MEMBERS	
	FILL IN S	PACES BEFORE US	ING ATTACHMENTS ("X" BO	X FOR ATTACHMENT)		
Manager Name			Manager Name	Manager Name		
Street Address			Street Address		f <sup>1</sup> .	
			•		(i)	
					200	
City	State	Zip	City	State	Zip 🚉	
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City Manager Name	State	Zip	City Manager Name	State	24p 660 pp	
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Manager Name	State	Zip	Manager Name	State	24p 660 pp	
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Manager Name  Street Address  City	State	Zip	Manager Name Street Address City	State	24p	
Manager Name  Street Address  City	State	Zip	Manager Name  Street Address  City  Changes require filing of Fo	State	24p	
Manager Name  Street Address  City	State	Zip	Manager Name Street Address City	State	24p	
Manager Name  Street Address  City  8. RESIDENT AGENT	State	Zip	Manager Name  Street Address  City  Changes require filing of Fo	State	24p	
Manager Name  Street Address  City  8. RESIDENT AGENT	State	Zip	Manager Name  Street Address  City  Changes require filing of Fo	State	24p	
Manager Name  Street Address  City  8. RESIDENT AGENT Agent Name	State	Zip	Manager Name  Street Address  City  Changes require filing of Fo  Address	State rm 642 - R.I.G.L. 7-16-11	21p	

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

	FILED
File Date _	DEC 1 8 2008
Check No	- 07/0338
Ву:	By417
FC	OR 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.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person

Form 632 Rev. 07/07