



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 02904-2115
(401) 222-3111

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 152398		2 Exact name of the limited liability company Newton Design, LLC	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island PRODUCT DESIGN & DEVELOPMENT; CONSUMER INDUSTRIAL & MEDICAL PRODUCTS	
5 Principal office address 34 FOSTER STREET		City WOONSOCKET	State RI
		Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT N. CHAMBERLAND, CPA		Contact Title REGISTERED AGENT	
Street Address 607 GREAT ROAD		City NORTH SMITHFIELD	State RI
		Zip 02896	
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	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ROBERT N. CHAMBERLAND, CPA		Address 607 GREAT ROAD	
Address		City NORTH SMITHFIELD, RI	Zip 02896

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

File Date	9-10-07
Check No.	187
By:	mmc
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.

X  X 09/06/2007
Signature of Authorized Person Date
X BRIAN L. NEWTON
Print or Type Name of Authorized Person