



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 2006

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. 000149003		2. Exact name of the limited liability company The Rockport Company, LLC	
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island <i>any lawful act or activity permitted</i> <i>Designing, manufacturing, marketing and selling footwear, apparel, equipment and accessories</i>	
5. Principal office address 1895 J. W. Foster Blvd		City Canton	State MA Zip 02021
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <i>Erika Knight</i>		Contact Title <i>Legal manager</i>	
Street Address <i>1895 J.W. Foster Blvd</i>		City <i>Canton</i>	State <i>MA</i> Zip <i>02021</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)			
Manager Name <i>Michael Rupp</i>		Manager Name <i>Sharon Bryan</i>	
Street Address <i>1895 J.W. Foster Blvd.</i>		Street Address <i>1895 J.W. Foster Blvd.</i>	
City <i>Canton</i>	State <i>MA</i>	City <i>Canton</i>	State <i>MA</i>
Zip <i>02021</i>		Zip <i>02021</i>	
Manager Name <i>Richard Paterno</i>		Manager Name	
Street Address <i>1895 J.W. Foster Blvd.</i>		Street Address	
City <i>Canton</i>	State <i>MA</i>	City	State
Zip <i>02021</i>		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 <i>Corporation Service Company</i>		Address <i>Suite 200, 222 Jefferson Blvd.</i>	
Address		City <i>Warwick</i>	Zip <i>02888</i>

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

000149003

1:46

File Date	FILED
Check No.	OCT 11 2007
By:	<i>Richard Paterno</i>
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.

Richard Paterno 9/24 2007
Signature of Authorized Person Date
RICHARD PATERNO
Print or Type Name of Authorized Person