RI SOS Filing Number: 200836269200 Date: 10/08/2008 4:00 PM

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

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 name of the limited liability company
134688	L & M Design LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
	Architecture-Planning-Urban Design

5. Principal office address	City	State	Zip
100 E. Lancaster Ave., Suite 300	Radnor	PA	19087-4145

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Michael D. Giardino	Principal

Street Address	City	State	Zip
Same as above			

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	Manager Name
Michael D. Giardino	Laura Staines Giardino
Street Address	Street Address
Same as above	Same as above
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 - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
Lloyd R. Gariepy		
Address	City	Zip
191 Social Street, Suite 280	Woonsocket	02895

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

134688

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* 10-2-08

Print or Type Name of Authorized Person

File Date FILED
Check No.
OCT 0 8 2008
By:
By
FOR SECRETARY OF STATE USE ONLY

26908-5-292426

Form 632 Rev. 07/07