RI SOS Filing Number: 200944860630 Date: 04/07/2009 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. 15075	*2. Exact name of the limited liability company* DOUGLAS DESIGN, LLC
3. State of Formation RHODE ISLAND	*4. Brief description of the character of the business which is actually conducted in Rhode Island* BUILDING DESIGNING

5. Principal office address	*City*	*State*	*Zip*
468 BRANCH AVENUE	PROVIDENCE	RI	02904

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

Contact Name	*Contact Title*
DOUGLAS AHAMEFULA	OWNER

Street Address	*City*	*State*	*Zip*
468 BRANCH AVENUE	PROVIDENCE	RI	02904

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	*Street Address*	*City*	*State*	*Zip*
DOUGLAS AHAMEFULA	468 BRANCH AVENUE	PROVIDENCE	RI	02904

Manager Name	*Street Address*	*City*	*State*	*Zip*
—	—			

Manager Name	*Street Address*	*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*	*City*	*Zip*
DOUGLA ~~NON~~ AHAMEFULA	—	PROVIDENCE	02904

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

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.

Douglas Ahamefula
Signature of Authorized Person *Date*

DOUGLAS AHAMEFULA
Print or Type Name of Authorized Person

RECEIVED
2009 APR -7 AM 11:15
SECRETARY OF STATE
CORPORATIONS DIV.

File Date 4-7-09
Check No. 1674003365 8
By: MMC
32305-16-326785
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Form 632 Rev. 07/07