

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\_

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.

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1. PNSOB 2. Exact name of the limited liability company DOUGLAS DESIGN, LLC						
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND BUILDING DESIGNING						
5. Principal office address			City	State	Zip Co Co = 11	
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			OHNER			
Street Address		•	City	State	Zip	
468 BRANCI	H AVEN	UE	PROVIDENCE		02904	
			LITY COMPANY, IF APPLICAE	BLE - DO NOT LIST	<u>MEMBERS</u>	
		S BEFORE USING ATTA		rachment)		
Manager Name			Manager Name			
I	Milane	7.4.E.A				
DOUGLAS AHAMEFULA						
Street Address 468 BRANCH AVENUE			Street Address			
	State	Zip	City	State	Zip	
PROVIDENCE.	RI	102904				
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			<b>;</b>	1	1	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11						
Agent Name	A		Address			
DOUGLA HAMEFULD						
· · · · · · · · · · · · · · · · · · ·			City	Zip		
110 ROANNIL AVENUE			PROTIDENC	'~~ <i>a</i>	2904	
1408 DOCTIN		1 100000000		,		

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.
File Date 4-7-09 3	:II MA T - AGA 8002 contained herein are true and correct.
Check No. 16740033658 3	VIO SNOILY BOARD Signature of Authorized Person Date
By: MMC is	BALLA SALADOOG & RECEIVED
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person
<u></u>	Form 632 Rev. 07/07