



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 2009**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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. <b>164540</b>		2. Exact name of the limited liability company <b>Lehigh Outfitters, LLC</b>			
3. State of Formation <b>DE</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Footwear Retailer</b>			
5. Principal office address <b>39 E. Canal St.</b>			City <b>Nelsonville</b>	State <b>OH</b>	Zip <b>45764</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Tracy Adams</b>			Contact Title <b>Executive Administrator</b>		
Street Address <b>39 E. Canal Street</b>			City <b>Nelsonville</b>	State <b>OH</b>	Zip <b>45764</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
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					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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.

*James E. McDonald*      9/11/09  
Signature of Authorized Person      Date  
**James E. McDonald, EVP & CFO**  
Print or Type Name of Authorized Person

**FILED**

File Date **SEP 14 2009**

Check No. **40058886**

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**Lehigh Outfitters, LLC**

**FEIN: 22-3709780**

**Corporate Officers/Members**

**Name:** Mike Brooks  
**Title:** Chairman of the Board/CEO  
**Address:** 39 E. Canal Street  
Nelsonville, OH 45764  
**Phone:** 740-753-9100

**Name:** David Sharp  
**Title:** President/COO  
**Address:** 39 E. Canal Street  
Nelsonville, OH 45764  
**Phone:** 740-753-9100

**Name:** James E. McDonald  
**Title:** Executive VP/CFO  
**Address:** 39 E. Canal Street  
Nelsonville, OH 45764  
**Phone:** 740-753-9100