

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. 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 Hability company							
160019 LMW Designs LLC							
3. State of Formation	4. Brief descript	4. Brief description of the character of the husiness which is actually conducted in Rhode Island Interior decorating.					
5. Principal office address City State				Zip			
185 East Hill Drive			Cranston	RI	02920		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					ı		
Contact Name Contact Title							
Lynn Weinstein			Member	:			
Street Address			City	State	Zip		
185 East Hill Drive				RI	02920		
			Cranston	1			
7. NAME AND ADDI	RESS OF EACH MANA	AGER OF THE LIMIT	ED LIABILITY COMPANY, IF A	PPLICABLE - <u>DO NOT</u>			
	FILL IN	SPACES BEFORE US	SING ATTACHMENTS ("X" BOX	FOR ATTACHMENT)	J		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
Street Address			51. 507 F 1997 544				
City	State	Zip	City	State	Zip		
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λ λ /			Manager Name				
Manager Name			manager name	manager mane			
			Street Address				
Street Address		Sireei Adaress	Street Address				
City	State	Zip	City	State	Zip		
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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).

160019

File Date FILED	_
Check NSEP 2 4 2009	_
By: By	_
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this	repor
including any accompanying schedules and statements, and that all stat	ement
contained herein are true and correct.	

Ruy & Aleinstein	9-21-09
Signature of Authorized Person	Date

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Print or Type Name of Authorized Person