

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.

2. Exact name of the limited liability company    CH   36	(1.1.6.2.7 / 10-00 (00-07) 15 340)(01-10-10-0	1 00					
3. State of Formation 4. Erief description of the character of the husiness which is actually conducted in Rhode Island  RHOOF SUAD FREUNCE PRODUCT DESIGN  5. Principal office address 2 SCHOOL STREET UNIT # 129 ALBION 21 02802  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name EXIKA HANSON  Street Address City FILL IN SPACES BEFORE USING ATTACHMENTS  Street Address  City State  Zip 02902-0-187  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)  Street Address  City State Zip 02902-0-187  City State Zip Manager Name  Manager Name  Manager Name  Manager Name  Manager Name			• •				
Manager Name  PRELANCE PRODUCT DESIGN  5. Principal office address  2 SCHOOL STREET UNIT#[29] ALBION 21 02802.  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name  EALKA HANSON  Street Address  PO BOX 487  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)  Street Address  City State 2tp  Manager Name		<del></del>					
5. Principal office address 2 SCHOOL STREET UNIT#[29] ALBION E1 02302. 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name  EXIKA HANSON  Street Address PO BOX 487 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  Street Address  City State Zip O2502-0487  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  Manager Name  Manager Name	· •		•	•	ud		
2 SCHOOL STREET UNIT # 129 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name  EXIKA HANSON  Street Address  PO BOX 487 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  02802-0487 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  Manager Name  Manager Name	RHODE ISLAND	FREELANCE	PRODUCT	DESIGN			
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PO BOX 4487 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  City  Manager Name  Manager Name  Manager Name							
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Manager Name  Street Address  City  Manager Name  State  Ztp  City  Manager Name	487 BOX 487			HUBION	R (	102802-0484	
Manager Name  Street Address  City State Zip City State Zip Manager Name  Manager Name  Manager Name	7. NAME AND ADDRESS OF					<u>MEMBERS</u>	
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8. RESIDENT AGENT IN RHODE ISLAND	O DECIDENT ACENT IN DIS	ODE ISLAND			I	I	
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			of the Secretary of State	Changes require filing of Form	642 - R I G L 7-16-11		
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	9-30-09
Check No.	194
Ву:	Mnc

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

9/24/0