



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
401.222.3046

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

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. 116638		2. Exact name of the limited liability company Jewelry Designs, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Operate a Custom Jewelry Designing Manufacturing Company	
5. Principal office address 110 Byfield Street		City Warwick	State RI
		Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Brian R. Labonte		Contact Title	
Street Address 110 Byfield Street		City Warwick	State RI
		Zip 02888	
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) <input type="checkbox"/>			
Manager Name Brian R. Labonte		Manager Name Anne Webster	
Street Address 110 Byfield Street		Street Address 110 Byfield Street	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 02888	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Charles H. White		Address 150 Main Street	
Address 150 Main Street		City Pawtucket	Zip 02860

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

116638

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

Date

Brian R. Labonte

Print or Type Name of Authorized Person

FILED	
File Date	OCT 14 2009
Check No.	By 10377
By	
FOR SECRETARY OF STATE USE ONLY	