



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

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. 142813		2. Exact name of the limited liability company MIGNONETTE LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Boutique / Retail Sales: Clothing + accessories	
5. Principal office address 301 Wickenden St		City PROV	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Same as below		Contact Title	
Street Address		City	State
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 TARA SOLON		Manager Name	
Street Address 301 WICKENDEN ST		Street Address	
City PROV	State RI	City	State
Zip 02903		Zip	
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 Lara Solon		Address	
Address 20 Rockland Ave		City Cranston	Zip 02910

FILED

OCT 15 2009

By 101313 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.

Lara Solon 10/15/09
Signature of Authorized Person Date
TARA SOLON
Print or Type Name of Authorized Person

File Date	2009 OCT 15 PM 1:16
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	