



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 2008

**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.<br>146633  |       | 2. Exact name of the limited liability company<br>Deval Products, LLC  |             |              |     |
| 3. State of Formation<br>RI  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Wholesaler - Fabric Paint |             |              |     |
| 5. Principal office address<br>333 Strawberryfield Road  |       | City<br>Warwick  | State<br>RI | Zip<br>02886 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |             |              |     |
| Contact Name<br>David Reizian  |       | Contact Title<br>President   |             |              |     |
| Street Address<br>41 Hawland Road  |       | City<br>Lakeville  | State<br>MA | Zip<br>02347 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input 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   |       |  |             |              |     |

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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  
David Reizian  
Date  
10/16/09  
Print or Type Name of Authorized Person

|                                 |  |
|---------------------------------|--|
| File Date                       |  |
| Check No.                       |  |
| By                              |  |
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