RALPH MO	Si	tate of Rhode Island Office of the				S Fee: \$50.00	
	S	Division (	Of Business	Sorvicos			
Division Of Business 3 148 W. River Str							
Providence RI 02904-2615							
(401) 222 3040							
Cary of		×	1) 222-304	0			
Limited Liabilit	-	bany					
Annual Report Filing Period: Septe		November 1					
In accordance with	R.I.G.L.	7-16-66(d), each limited l	iability compa	any failin	g or refusing to		
file its annual repor	t within th	nirty (30) days after the tir					
7-16-66(b&c)) is su	bject to a	penalty fee of \$25.00.					
ANNUAL REPORT	TYEAR:	2010					
1. ID No. <u>000</u>	164540						
2. Exact Name o	of the Lin	nited Liability Company	Lehigh Ou	tfitters, I	<u>LC</u>		
3. State of Form	ation						
State: DE							
FOOTWESR RE							
No. and Street:		AST CANAL STREET	Ct	State: OH Zip: 45764 Country: USA			
City or Town:	<u>NELS</u>	ONVILLE	State	: <u>OH</u>	Zip: <u>45764</u>	Country: <u>USA</u>	
-	<b>ss of Lin</b> Contact Ti	nited Liability Company	and Name	or Title	of Contact Per	son:	
No. and Street:		ST CANAL STREET					
City or Town:		ONVILLE	State	: OH	Zip: 45764	Country: USA	
7. Name and Add DO NOT LIST I		Each Manager of the Li S	mited Liabi	lity Com	pany, if Appli	cable.	
Title		Individual Name		Address			
		First, Middle, Last, Suffix		Address, City or Town, State, Zip Code, Country			
	!						
		HODE ISLAND - DO NO of Form 642 - R.I.G.L.					
CT CORPORAT	ION SYS	TEM 155 SOUTH MAIN S	STREET, SU	<u>TE 301  </u>	PROVIDENCE ,	<u>RI 02903</u>	
9. This report mu	ist be ex	ecuted by an authorize	d person pu	rsuant t	o R.I.G.L. 7-16	-66 (b).	

**Signed this 9 Day of September, 2010 at 2:43:07 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>TRACY ADAMS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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