



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  
(01.222.3040)

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2010

**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><b>160591</b>  |       | 2. Exact name of the limited liability company<br><b>J. Mack Studios, LLC</b>  |                               |                     |     |
| 3. State of Formation<br><b>RI</b>  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>promotional products, specializing in screen printed apparel</b> |                               |                     |     |
| 5. Principal office address<br><b>32 Friendship Street</b>  |       | City<br><b>Westerly</b>  | State<br><b>RI</b>            | Zip<br><b>02891</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |  |                               |                     |     |
| Contact Name<br><b>Mary Adams</b>   |       |  | Contact Title<br><b>OWNER</b> |                     |     |
| Street Address<br><b>22 Salt Pond Way</b>   |       | City<br><b>Westerly</b>  | State<br><b>RI</b>            | Zip<br><b>02891</b> |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><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  |       |  |                               |                     |     |

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

|                                 |                 |
|---------------------------------|-----------------|
| File Date                       | <b>9-9-2010</b> |
| Check No.                       | <b>5446</b>     |
| By:                             | <b>mnc</b>      |
| FOR SECRETARY OF STATE USE ONLY |                 |

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.

**Mary Adams** **9/8/10**  
Signature of Authorized Person Date  
**MARY ADAMS**  
Print or Type Name of Authorized Person