



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 2010** *CA*

**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>331164</b>  |       | 2. Exact name of the limited liability company<br><b>Esque Embroidery (ESQUE EMBROIDERY 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>Digitized embroidery design files</b> |                                   |                     |     |
| 5. Principal office address<br><b>122 Isabella Ave.</b>   |       | City<br><b>Providence</b>   | State<br><b>RI</b>                | Zip<br><b>02908</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |   |                                   |                     |     |
| Contact Name<br><b>Cynthia Ann McDermott</b>  |       |   | Contact Title<br><b>President</b> |                     |     |
| Street Address<br><b>122 Isabella Ave.</b>  |       | City<br><b>Providence</b>   | State<br><b>RI</b>                | Zip<br><b>02908</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<br>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).

**331164**

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.

File Date 9-22-2010  
Check No. 1019  
By: MNC  
FOR SECRETARY OF STATE USE ONLY

*Cynthia Ann McDermott*  
Signature of Authorized Person / Date  
**Cynthia Ann McDermott**  
Print or Type Name of Authorized Person