

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 2011

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. 7-16-06 (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. 000507735	2. Exact name of the limi				
3. State of Formation Delaware 4. Brief description of the character of the busi Retailer of Women's Clothing ar			iness which is actually conducted in Rhode Island and Accessories		
5. Principal office address 4 Batterymarch Park			Cig: Quincy	State MA	<i>Zip</i> 0216 9
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name Marianne Frost			NAME OR TITLE OF CONTACT PERSON: Contact Title Jr. Retail Accountant		
Street Address 100 Birch Pond Dr			Cin Tilton	State NH	^{Zip} 03276
7. NAME AND ADDR	ESS OF EACH MANA FILL IN	GER OF THE LIMITED SPACES BEFORE USIN	LIABILITY COMPANY, IF A G ATTACHMENTS ("X" BO)	APPLICABLE - <u>DO NOT</u> (FOR ATTACHMENT)	LIST MEMBERS
Manager Name Paula Bennett			Manager Name Dave Biese		
Street Address 4 Batterymarch Park			Street Address 4 Batterymarch Park		
City Quincy	State MA	<i>Zip</i> 02169	стр Quincy	State MA	<i>Zip</i> 02169
Andrew DuBois			Manager Name Avra Meyers		
Street Address 100 Birch Pond DR			Street Address 4 Batterymarch Park		
City Tilton	State NH	^{Zip} 03276	City Quincy	State MA	<i>z</i> ір 02169
8. RESIDENT AGENT This information is curr		Office of the Secretary of	State. Changes require filing of	of Form 642 - R.I.G.L. 7-16	5-11

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

- 000507735 FILED

File Date	SEP 1 9 2011
Check No.	2025126
FOR SE	ECRETARY 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.

Signature of Authorized Person Dan

Andrew DuBois

Print or Type Name of Authorized Person