RI SOS Filing Number: 201183573390 Date: 09/29/2011 4:00 PM

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 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. 7-16-66 (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.	2. Exact name of the limited liability company		
488240	LOTUS MJYX, LLC		
3. State of Formation	**4. Brief description of the character of the business which is actually conducted in Rhode Island**		
Florida	Accessory distribution		
5. Principal office address	**City**	**State**	**Zip**
30 Coronado Road, 2nd Floor	Warwick	RI	02886

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title		
Michael P. Reynolds	Manager		
Street Address	**City**	**State**	**Zip**
30 Coronado Road, 2nd Floor	Warwick	RI	02886

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS.
FILL IN SPACES BEFORE USING ATTACHMENTS. (X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Michael P. Reynolds	James P. Galle
Street Address	Street Address
30 Coronado Road, 2nd Floor	30 Coronado Road, 2nd Floor
City / State / Zip	City / State / Zip
Warwick / RI / 02886	Warwick / RI / 02886
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. 7-16-11Orson and Brusini Ltd.

FILED

SEP 29 2011

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

BY 0-2684

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CORPORATIONS DIV
2011 SEP 29 PM 1:59

[redacted]

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 — *Date* 9/27/11

[redacted]

Michael P. Reynolds, Manager

Print or Type Name of Authorized Person

File Date _____

Check No. _____

By _____

FOR SECRETARY OF STATE'S USE ONLY

68137-27-684227

Form 632 Rev. 08/08