



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. <b>000147498</b>		2. Exact name of the limited liability company <b>Vibe Design, LLC</b>	
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Sale of Products</b>	
5. Principal office address <b>619 Park Avenue</b>		City <b>Portsmouth</b>	State <b>RI</b>
		Zip <b>02871</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Gregory D. DeLong</b>		Contact Title <b>Member</b>	
Street Address <b>619 Park Avenue</b>		City <b>Portsmouth</b>	State <b>RI</b>
		Zip <b>02871</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. <b>DO NOT LIST MEMBERS.</b> FILL IN SPACE BELOW USING ATTACHMENTS (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	State	Zip	City
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
State	State	Zip	City
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 Orson 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 6-2069

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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.

Gregory D. DeLong  
Signature of Authorized Person

26 September 2011  
Date

**Gregory D. DeLong, Member**

Print or Type Name of Authorized Person

File Date	
Check No.	
By	
FOR SECRETARY OF STATE USE ONLY	