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imited Liabili	-	bany			
Innual Repor		November 1			
n accordance wit	h R.I.G.L.	7-16-66(d), each limited liability	company failing o	or refusing to	
		irty (30) days after the time pre			
-16-66(b&c)) is s	ubject to a	penalty fee of \$25.00.			
ANNUAL REPOR	RT YEAR: <u>2</u>	2011			
1. ID No. <u>00</u>	0525661				
2. Exact Name	of the Lin	nited Liability Company Pand	lora Franchising,	LLC_	
3. State of Forr	nation				
State: <u>MD</u>					
4. Brief Descrip		Character of the Business V	Which is Actually	Conducted ir	n Rhode Island
	ale		Vhich is Actually	Conducted ir	n Rhode Island
4. Brief Descript Jewelry Wholes 5. Principal Offic	ale_ ce Addres	s	Vhich is Actually	Conducted ir	n Rhode Island
<ol> <li>Brief Descript</li> <li>Jewelry Wholess</li> <li>Principal Official</li> <li>No. and Street:</li> </ol>	<u>ale</u> ce Addres <u>8671 R</u> 4	s OBERT FULTON DRIVE			
<ol> <li>Brief Descript</li> <li>Jewelry Wholess</li> <li>Principal Official</li> <li>No. and Street:</li> </ol>	ale_ ce Addres	s OBERT FULTON DRIVE	Vhich is Actually State: <u>MD</u>	Conducted in Zip: <u>21046</u>	
<ol> <li>Brief Descript</li> <li>Jewelry Wholes</li> <li>Principal Officiency</li> <li>No. and Street:</li> <li>City or Town:</li> <li>Mailing Addreed</li> </ol>	ale ce Addres <u>8671 Re</u> <u>COLUI</u> ess of Lim	s <u>OBERT FULTON DRIVE</u> <u>MBIA</u> ited Liability Company and I	State: <u>MD</u>	Zip: <u>21046</u>	Country: <u>USA</u>
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<ol> <li>Brief Descript</li> <li>Jewelry Wholess</li> <li>Principal Office</li> <li>No. and Street: City or Town:</li> <li>Mailing Address</li> <li>Contact Name: No. and Street: City or Town:</li> </ol>	ale ce Addres <u>8671 Re</u> COLUI ess of Lim Contact Ti <u>8671 Re</u> <u>COLUI</u> ddress of I	s <u>OBERT FULTON DRIVE</u> <u>MBIA</u> ited Liability Company and I tle: <u>OBERT FULTON DRIVE</u> <u>MBIA</u> Each Manager of the Limited	State: <u>MD</u> Name or Title of State: <u>MD</u>	Zip: <u>21046</u> Contact Perso Zip: <u>21046</u>	Country: <u>USA</u> on: Country: <u>USA</u>
<ol> <li>Brief Descript</li> <li>Bewelry Wholess</li> <li>Principal Officient</li> <li>Principal Officient</li> <li>And Street:</li> <li>City or Town:</li> <li>Mailing Address</li> <li>Contact Name:</li> <li>No. and Street:</li> <li>City or Town:</li> <li>And Street:</li> <li>City or Town:</li> <li>And Street:</li> <li>And Street:</li> <li>City or Town:</li> <li>And Street:</li> <li>City or Town:</li> <li>And Street:</li> <li>City or Town:</li> </ol>	ale ce Addres <u>8671 Re</u> COLUI ess of Lim Contact Ti <u>8671 Re</u> <u>COLUI</u> ddress of I	s <u>OBERT FULTON DRIVE</u> <u>MBIA</u> ited Liability Company and I tle: <u>OBERT FULTON DRIVE</u> <u>MBIA</u> Each Manager of the Limited	State: <u>MD</u> Name or Title of State: <u>MD</u>	Zip: <u>21046</u> Contact Perso Zip: <u>21046</u>	Country: <u>USA</u> on: Country: <u>USA</u> ible.
Brief Descript     Ewelry Wholess     Descript     S. Principal Office     No. and Street:     Dity or Town:     S. Mailing Addre     Contact Name:     No. and Street:     Dity or Town:     Town:     S. Name and Add     DO NOT LIST	ale ce Addres <u>8671 Re</u> COLUI ess of Lim Contact Ti <u>8671 Re</u> <u>COLUI</u> ddress of I	s <u>OBERT FULTON DRIVE</u> <u>MBIA</u> ited Liability Company and I tle: <u>OBERT FULTON DRIVE</u> <u>MBIA</u> Each Manager of the Limited S	State: <u>MD</u> Name or Title of State: <u>MD</u> Liability Compa	Zip: <u>21046</u> Contact Perso Zip: <u>21046</u> any, if Applica Address	Country: <u>USA</u> on: Country: <u>USA</u> ible.
<ol> <li>Brief Descript</li> <li>Iewelry Wholess</li> <li>Principal Office</li> <li>Principal Office</li> <li>And Street:</li> <li>Dity or Town:</li> <li>Mailing Address</li> <li>Contact Name:</li> <li>And Street:</li> <li>Dity or Town:</li> <li>Name and Address</li> <li>Name and Address</li> <li>DO NOT LIST</li> <li>Title</li> </ol>	ale ce Addres <u>8671 Re</u> COLUI ess of Lim Contact Ti <u>8671 Re</u> COLUI	s <u>OBERT FULTON DRIVE</u> <u>MBIA</u> ited Liability Company and I tle: <u>OBERT FULTON DRIVE</u> <u>MBIA</u> Each Manager of the Limited S Individual Name First, Middle, Last, Suffix	State: <u>MD</u> Name or Title of State: <u>MD</u> Liability Compa	Zip: <u>21046</u> Contact Perso Zip: <u>21046</u> any, if Applica Address	Country: <u>USA</u> on: Country: <u>USA</u> able.
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**Signed this 27 Day of October, 2011 at 12:03:46 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>SUSAN WONDOLOSKI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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