



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 504774		2. Exact name of the limited liability company PHILLIP'S PERSONALS, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island PRODUCT SALES - NOT DETERMINED			
5. Principal office address 121 SUCCOTASH RD		City WAKEFIELD	State RI	Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name LAURA CONNEELY		Contact Title LLC MEMBER			
Street Address 121 SUCCOTASH RD.		City WAKEFIELD	State RI	Zip 02879	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS ("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					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2012 MAR - 1
 11:54 AM

**LAURA CONNEELY
 121 SUCCOTASH RD.
 WAKEFIELD, RI 02879**

File Date
 Check No
 By
 FOR SECRETARY OF STATE USE ONLY

MAR 01 2012
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 11:54

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.

Laura Conneely 02/27/12
 Signature of Authorized Person Date

LAURA CONNEELY 2/27/12
 Print or Type Name of Authorized Person