



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 2012

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.

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|---|-------|--|--------------------|---------------------|-----|
| 1. Entity ID No. 704645 | | 2. Exact name of the limited liability company KNIT ONE QUILT TOO LLC | | | |
| 3. State of Formation RI | | 4. Brief description of the character of business conducted in Rhode Island FABRIC/QUILTING RETAIL | | | |
| 5. Principal office address 23 NAYATT RD | | City BARRINGTON | State RI | Zip 02806 | |
| 6. HOME ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON | | | | | |
| Contact Name YVONNE WRISS | | Contact Title PRINCIPAL | | | |
| Street Address 23 NAYATT RD | | City BARRINGTON | State RI | Zip 02806 | |
| 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. | | | | | |

FILED

SEP 04 2012

2012

File Date _____
 Check No _____
 By _____
FOR SECRETARY 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 *[Signature]* Date 9/1/12
 Print or Type Name of Authorized Person YVONNE WRISS