

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

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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.

3. State of Formation Rhode Island 4. Brief description of the character of business conducted in Rhode Island Apparel Graphic Design 5. Principal office address 10 Crosswynds Drive 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Nancy J. Moskwa Contact Title Manager Street Address 10 Crosswynds Drive City Saunderstown Ri O2874 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST ME ("X" BOX FOR ATTACHMENT) Manager Name None Street Address City State Street Address	1. Entity ID No.	2. Exact na	2. Exact name of the limited liability company					
Rhode Island Apparel Graphic Design 5. Principal office address 10 Crosswynds Drive 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Nancy J. Moskwa Street Address 10 Crosswynds Drive 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST ME ("X" BOX FOR ATTACHMENT) Manager Name None Manager Name None Street Address City State Zip City State Zip City State Zip Manager Name None Street Address	160971	good mo	good mom design, ilc					
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City Control C				Manager Name None				
City State Zip City State Zip	Street Address			Street Address				
	City	State	Zip	City	State	Zip		
B. RESIDENT AGENT IN RHODE ISLAND								
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is curren	itly of record in the	Office of the Secr	etary of State. Changes require fill	ng Form 642.			

File Date FILED		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.		
Check No				
Ву:	SEP 1 0 2012	Signature of Authorized Rerson	9/6/2012 Date	
FOR SECRETARY OF STATE USE ON THE	(2)05	Nancy J. Moskwa		
	<u> </u>	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012