



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.

1. Entity ID No. 160971		2. Exact name of the limited liability company good mom design, llc			
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		City Saunderstown		State RI	Zip 02874
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		State RI	Zip 02874
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name None		Manager Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name None		Manager Name None			
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.					

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

SEP 10 2012

Was

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.

Nancy J. Moskwa 9/6/2012
Signature of Authorized Person Date

Nancy J. Moskwa

Print or Type Name of Authorized Person