



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. 000732213		2. Exact name of the limited liability company Conscious Designs LLC	
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Esthetic skin care therapy	
5. Principal office address 99 Frenchtown Road		City North Kingstown	State RI Zip 02852
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michelle Maynard		Contact Title Owner	
Street Address 99 Frenchtown Road		City East Greenwich	State RI Zip 02818
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Michelle Maynard		Manager Name	
Street Address 52 Dover Lane		Street Address	
City Carolina	State RI	City	State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 24 2012

BY 177

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.

Michelle R Maynard 9-12-12
Signature of Authorized Person Date

Michelle R. Maynard
Print or Type Name of Authorized Person