

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. | 2. Exact na | 2. Exact name of the limited liability company LMW Designs LLC | | | | | |
|--|----------------------|--|---------------------------------|--------------------|------------------|--|--|
| 160019 | LMW De | | | | | | |
| 3. State of Formation | 4. Brief des | Brief description of the character of business conducted in Rhode Island | | | | | |
| RI | Interior | Interior decorating. | | | | | |
| 5. Principal office address 185 East Hill Drive | | | City Cranston | State RI | Zip 02920 | | |
| 6. MAILING ADDRESS OF | LIMITED LIABILI | TY COMPANY AND | NAME OR TITLE OF CONTACT | PERSON: | | | |
| Contact Name Lynn Weinstein | | | Contact Title | | | | |
| Street Address 185 East Hill Drive | | | City Cranston | State RI | Zip 02920 | | |
| 7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH | (NAMES AND ADD | PRESSES) OF THE | LIMITED LIABILITY COMPANY, | IF APPLICABLE - DO | NOT LIST MEMBERS | | |
| Manager Name | | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip | | |
| Manager Name | | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip | | |
| A DECIDENCE | | | | | , | | |
| 8. RESIDENT AGENT IN R | | | | | | | |
| tills information is curren | tly of record in the | e Office of the Secr | etary of State. Changes require | filing Form 642. | | | |

FILED

SEP 25 2012

| File Date | BY <u> </u> | Under penalty of perjury, I declare and affirm this report, including any accompanying sch | that I have examined |
|---------------------------------|-------------|--|----------------------|
| <u>.</u> | | and that all statements contained herein are true and correct. | |
| Check No | | The state of the state of | 0.21 10 |
| By: | · · · . | Signature of Authorized Person | Date |
| FOR SECRETARY OF STATE USE ONLY | | Lynn Weinstein | |
| | | Print or Type Name of Authorized Person | |

Form No. 632 Revised: 01/2012