

## 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 TO SELL CHILDREN'S APPAREL AND RELATED ITEMS.  5. Principal office address 164 MIDDLEBRIDGE ROAD  5. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name  Contact Name  Contact Title MEMBER  Street Address 164 MIDDLEBRIDGE ROAD  City SOUTH KINGSTOWN RI City State Zip City South Kingstown Ri City State Zip City State Zip Manager Name  Street Address  Street Address  Street Address  City State Zip  Manager Name  Street Address  City State Zip City State Zip  Manager Name  Street Address  City State Zip City State Zip  Manager Name  Street Address  City State Zip Anager Name  Street Address  City State Zip Anager Name  Street Address  City State Zip Anager Name  Street Address | 1. Entity ID No.<br><b>686025</b>  |                      | 2. Exact name of the limited liability company LINA PICCOLINA, LLC |   |              |                  |  |  |  |
|---|--|----------------------|--|---|--------------|------------------|--|--|--|
| 5. Principal office address 164 MIDDLEBRIDGE ROAD  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name TERESA M. COLETTA  Street Address 164 MIDDLEBRIDGE ROAD  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEME ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  City State Zip Name  Manager Name  Street Address  Street Address  City State Zip Name  Street Address  Street Address  City State Zip City State Zip Anager Name  Street Address  City State Zip  Manager Name  Street Address  City State Zip Anager Name  Street Address  City State Zip Anager Name  Street Address  City State Zip Anager Name  | 3. State of Formation  |                      | •  |   |              |                  |  |  |  |
| TERESA M. COLETTA  Street Address 164 MIDDLEBRIDGE ROAD  City SOUTH KINGSTOWN RI 02879  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEME ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  City State Zip City State Zip City Manager Name  Street Address  Street Address  Street Address  City State Zip City State Zip Street Address  City State Zip City State Zip Street Address  Street Address  Street Address  Street Address   | 5. Principal office address  |                      |  |   |              |                  |  |  |  |
| TERESA M. COLETTA  Street Address 164 MIDDLEBRIDGE ROAD  City SOUTH KINGSTOWN RI 02879  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEME ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  City State Zip City State Zip City Manager Name  Street Address  Street Address  Street Address  City State Zip City State Zip Street Address   |  | F LIMITED LIABILE    | Y COMPANY AND  | NAME OF TITLE OF CONTACT PERSO            | N:           |                  |  |  |  |
| 164 MIDDLEBRIDGE ROAD   SOUTH KINGSTOWN RI   02879  |  |                      |  |   |              |                  |  |  |  |
| Manager Name  Street Address  City  State  Zip  City  Manager Name  Manager Name  Street Address  City  State  Zip  Manager Name  Street Address  City  State  Zip  City  State  Zip  Manager Name  Street Address  City  State  Zip  Manager Name  Street Address  City  State  Zip  |  |                      |  |   |              |                  |  |  |  |
| Manager Name  Street Address  City State Zip City Manager Name  Manager Name  Manager Name  Manager Name  Street Address  Street Address  City State Zip  Manager Name  Street Address  City State Zip City State Zip  Street Address   | 7. LIST <u>ALL</u> MANAGERS<br>("X" BOX FOR ATTACI   | (NAMES AND ADD       | RESSES) OF THE   | LIMITED LIABILITY COMPANY, IF APPI        | LICABLE - DO | NOT LIST MEMBERS |  |  |  |
| City State Zip City State Zip  Manager Name  Street Address  City State Zip  Manager Name  Street Address  City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND   | in the state of the contract o |                      |  | Manager Name                              |              |                  |  |  |  |
| Manager Name  Street Address  Street Address  City  State  Zip  City  State  Zip  State  Zip  State  Zip  | Street Address   |                      |  | Street Address                            |              |                  |  |  |  |
| Street Address  City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND  | City   | State                | Zip  | City                                      | State        | Zip              |  |  |  |
| City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND  | Manager Name   |                      |  | Manager Name                              |              |                  |  |  |  |
| 8. RESIDENT AGENT IN RHODE ISLAND   | Street Address   |                      |  | Street Address                            |              |                  |  |  |  |
|   | City   | State                | Zip  | City                                      | State        | Zip              |  |  |  |
|   |  |                      |  |   |              |                  |  |  |  |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   | This information is curre  | ntly of record in th | e Office of the Seci   | retary of State. Changes require filing F | orm 642.     |                  |  |  |  |

| File Date                       | FILED        | Under penalty of perjury, I declare and affirm that I have examined<br>this report, including any accompanying schedules and statements,<br>and that all statements equitained herein are true and correct. |            |
|---------------------------------|--------------|---|------------|
| Check No                        | OCT 2 2 2012 | Signature of Authorized Person  | 10.16.2012 |
| FOR SECRETARY OF STATE USE ONLY | 1618         | TERESA M. COLETTA, MEMBER   | Date       |
|                                 |              | Print or Type Name of Authorized Person   |            |

Form No. 632 Revised: 01/2012