

## 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.

Entity ID No.	2. Exact name of the limited liability company					
146519	Marco Photography LLC					
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Photography Studio					
5. Principal office address 2919 Pawtucket Ave	<del></del>		City East Providence	State <b>RI</b>	Zip <b>02915</b>	
	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:		
Contact Name Maria G. Sousa			Contact Title  OUSINE E			
Street Address 30 Hazard Ave.			City East Providence	State <b>RI</b>	Zip <b>02914</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>DO</u>	NOT LIST MEMBER:	
Manager Name			Manager Name			
Street Address			Street Address			
City			• • • • • • • • • • • • • • • • • • •			
•	State	Zip	City	State	Zip	
	State	Zip	City  Manager Name	State	Zip	
Manager Name Street Address	State	Zip		State	Zip	
Manager Name	State	Zip Zip	Manager Name	State	Zip Zip	
Manager Name Street Address	State		Manager Name Street Address			

	FILED	Under penalty of perjury, I declare and affirm that I	have examined	
File Date		this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
Check No	NOV 0 7 2012	and that all statements contained nevern are true all	10 29 11 2	
Ву:	_3///	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY		Maria G. Sousa		
TON DEGILE IAIT OF GIATE GOL ONE		Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012