

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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.

A. Brief description of the character of business conducted in Rhode Island A. Brief description of the character of business conducted in Rhode Island Gallery City Newport RI State RI O2840 E. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Owner Street Address One Bannisters Wharf City Newport RI O2840 Zip O2840 Zip O2840 Zip O2840 Zip O2840 Zip O2840 Zip O2840 City Newport RI Zip O2840 Zip O2840 Zip O2840 Zip O3840 Zip O4840 Zip O4840 Zip O4840 Zip Manager Name Street Address Street Address Street Address City State Zip Manager Name Street Address Street Address City State Zip City State Zip Zip Zip Zip Zip Zip Zip Zip	1. Entity ID No.	2. Exact na	Exact name of the limited liability company Onne van der Wal Photography Gallery LLC					
Rhode Island 5. Principal office address One Bannisters Wharf 6. MARING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name	149868	Onne va						
Rhode Island 5. Principal office address One Bannisters Wharf Contact Name Tenley van der Wal Street Address One Bannisters Wharf Contact Title Or Contact Title Owner Contact Title Owner Street Address One Bannisters Wharf City Newport RI O2840 City State RI O2840 City State City State City Manager Name Street Address City State Zip Manager Name Manager Name Street Address City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip	3. State of Formation	4. Brief des	Brief description of the character of business conducted in Bhode Island					
One Bannisters Wharf Mewport Mewport	Rhode Island		·	and a second desired in Finoso (Maria				
Contact Name Tenley van der Wal Street Address One Bannisters Wharf City Newport RI 02840 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST ME ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip City State Zip City State Zip Manager Name Street Address Street Address City State Zip		narf				Zip 02840		
Tenley van der Wal Street Address One Bannisters Wharf City Newport RI 02840 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST ME ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City State Zip Manager Name Street Address	6. MAILING ADDRESS OF	FLIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTAC	PERSON:			
One Bannisters Wharf Newport RI 02840 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST ME ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip Manager Name Street Address Street Address Street Address City State Zip Manager Name Street Address City State Zip City State Zip City State Zip	enley van der Wal							
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Manager Name Street Address City State Zip City State Zip Manager Name Manager Name Manager Name Street Address City State Zip City State Zip City State Zip City State Zip Street Address	7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
City State Zip City State Zip Manager Name Manager Name Street Address City State Zip City State Zip	Manager Name			Manager Name				
Manager Name Manager Name Street Address City State Zip City State Zip	Street Address	reet Address			Street Address			
Street Address Street Address City State Zip City State Zip	City	State	Zip	City	State	Zip		
City State Zip City State Zip	Manager Name			Manager Name	State RI 02			
	Street Address			Street Address				
B. RESIDENT AGENT IN RHODE ISLAND	City	State	Zip	City	State	Zip		
	B, RESIDENT AGENTEIN F	RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is currer	ntly of record in th	e Office of the Seci	retary of State. Changes requir	e filing Form 642.			

File Date	FILED	Under penalty of perjury, I declare and affirm that I in this report, including any accompanying schedules and that all statements contained herein are true and	and statements,
Checking	NOV 2 8 2012	Signature of Authorized Person	11-26-12 Date
FOR SECRETARY OF STATE USE ONLY	2830	Print or Type Name of Authorized Parson	

Form No. 632 Revised: 01/2012