



**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 **2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

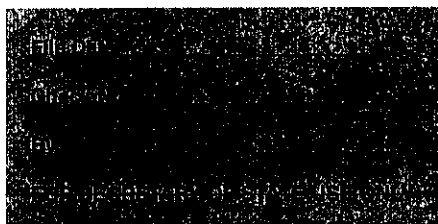
Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>124760</b>		2. Exact name of the limited liability company <b>MIBA DESIGN, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>GRAPHIC DESIGN SERVICES</b>			
5. Principal office address <b>61 RAILROAD STREET</b>		City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>	
6. FILING OFFICER'S CONTACT INFORMATION (NAME, ADDRESS, CITY, STATE, ZIP, PHONE, EMAIL, AND FAX) (DO NOT LIST MEMBERS)					
Contact Name <b>MICHAEL BALINT</b>		Contact Title <b>MEMBER</b>			
Street Address <b>61 RAILROAD STREET</b>		City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>	
7. FILING OFFICER'S CONTACT INFORMATION (NAME, ADDRESS, CITY, STATE, ZIP, PHONE, EMAIL, AND FAX) (DO NOT LIST MEMBERS)					
Manager Name <b>N/A</b>		Manager Name <b>N/A</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name <b>N/A</b>		Manager Name <b>N/A</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENTS OF THE STATE OF RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

**SEP 20 2013**

By *MME*  
*CR #2660*



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.

*Michael Balint*  
Signature of Authorized Person

*9-19-2013*  
Date

**MICHAEL BALINT**

Print or Type Name of Authorized Person