| RALPH MOIL | tate of Rhode Island and P Office of the Secre | | Fee: \$50.00 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------|----------------------|
| Secretary of State | Division Of Busine 148 W. River Providence RI 02 (401) 222-3 | Street 904-2615 | |
| Limited Liability Com Annual Report Filing Period: September 1 - | | | |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. | | | |
| ANNUAL REPORT YEAR: 2013 | | | |
| 1. ID No. <u>000117431</u> | | | |
| 2. Exact Name of the Limited Liability Company <u>Magic Color L.L.C.</u> | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | |
| THE OWNERSHIP AND LEASE OF PROPERTY | | | |
| 5. Principal Office Addres | ŝS | | |
| | EVERAGE HILL AVENUE <u>'UCKET</u> | State: <u>RI</u> Zip: <u>02861</u> | Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| Contact Name: Contact T No. and Street: <u>304 BE</u> City or Town: <u>PAWT</u> | VERAGE HILL AVENUE | State: <u>RI</u> Zip: <u>02861</u> | Country: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name | Addres | - |
| | First, Middle, Last, Suffix | Address, City or Town, State | e, Zip Code, Country |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 | | | |
| GEORGE KASPER 1115 MINERAL SPRING AVE NORTH PROVIDENCE, RI 02904 | | | |
| 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). | | | |

Signed this 31 Day of October, 2013 at 3:15:50 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>GEORGE K KASPER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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