RALPH MOIL	ate of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.00
Secretary of State	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
Limited Liability Company Annual Report Filing Period: September 1 - November 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>000679121</u>			
2. Exact Name of the Limited Liability Company <u>Allison Wilbur Quilts LLC</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 <u>Longarm quilting services</u>			
5. Principal Office Address			
	IENNYS LANE RRINGTON State: <u>RI</u>	Zip: <u>02806</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
	<sup>-</sup> itle: <u>ENNYS LANE</u> : <u>RINGTON</u> State: <u>RI</u>	Zip: <u>02806</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		Idress
	First, Middle, Last, Suffix	Address, City or Towr	n, State, 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			
JONATHAN J FITTA, ESQ. 259 COUNTY ROAD BARRINGTON , RI 02806			
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 9:44:50 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>ALLISON WILBUR</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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