RALPH MOLL SI	tate of Rhode Island ar Office of the S				ns Fee: \$50.0
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040					
Limited Liability Com Annual Report Filing Period: September 1					
	7-16-66(d), each limited liabil n thirty (30) days after the tim penalty fee of \$25.00.				
ANNUAL REPORT YEAR:	<u>2013</u>				
1. ID No. <u>000117778</u>					
2. Exact Name of the Limited Liability Company Double Helix, LLC					
3. State of Formation					
State: <u>RI</u>					
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island					
INTERNET DESIGN AN	ND MARKETING.				
5. Principal Office Addres	SS				
No. and Street: <u>580</u>	THAMES STREET				
City or Town: <u>NEV</u>	VPORT	State:	<u>RI</u>	Zip: <u>02840</u>	Country: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company an	d Name	or Ti	tle of Contact P	erson:
Contact Name: Contact	Title:				
	<u>DUSTON AVENUE</u> PORT	State	: RI	Zip: <u>02840</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			Addı	ress
	First, Middle, Last, Suffix		Add	lress, City or Town, S	State, Zip Code, Country
	HODE ISLAND - DO NOT AI g of Form 642 - R.I.G.L. 7-16				
MICHAEL K. CONTI 88 WILLIAM STREET NEWPORT, RI 02840-					
9. This report must be ex	ecuted by an authorized p	erson p	ursua	nt to R.I.G.L. 7-	16-66 (b).

**Signed this 5 Day of November, 2013 at 12:49:51 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>MICHAEL K CONTI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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