

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: (461) 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.	2. Exact name of t	he limited liability com	pany		
576842	EMW	DESIGN	V LLC		
3. State of Formation 4. Brief description of the character of business conducted in Rhode Island					
Rhode ISLAND DESIGN CONSULTANT					
5. Principal office address 521 FAST SHORE PD			City AMESTEUR	State	02835
	TÈD LIABILITY CO	MPANY AND NAME (OR TITLE OF CONTACT PERSON	t:	
Contact Name Enca Wiagin			Contact Title OWNER		
Street Address 501 FAST SHO	OPE PI)	JAMES RUNN	State P	^{Zip} 02835
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDRESS	ES) OF THE LIMITED	DLIABILITY COMPANY, IF APPL	CABLE - DO NO	LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE	L E ISLAND	<u></u>		1,	<u> </u>
		e of the Secretary of	State. Changes require filing Fo	orm 642.	
		_			
FILED					
	NOV 05	2013			

ile Date	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.		
check No	Enu M Wigger 10/15/2013		
y:	Signature of Authorized Person U Date		
OR SECRETARY OF STATE USE ONLY	FRICH MARY WIGHTN Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012