

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 2012

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. 99769 | Malee's li | 2. Exact name of the limited liability company Malee's International Designs, LLC | | | | | |
|---|----------------------------|--|----------------------------------|------------------------|---------------------|--|--|
| 3. State of Formation Rhode Island | 4. Brief desc importati | 4. Brief description of the character of business conducted in Rhode Island importation, wholesale and retail distribution | | | | | |
| 5. Principal office address 761 Green End Avenue | | | City Middletown | State RI | Zip 02842 | | |
| 6. MAILING ADDRESS OF | LIMITED LIABILIT | Y COMPANY AND I | NAME OR TITLE OF CONTACT P | ERSON: | | | |
| Contact Name Denise C. Montoya | | | Contact Title Member | | 201 | | |
| Street Address 761 Green End Avenue | | | City Middletown | State RI | 028 42 | | |
| 7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH | (NAMES AND ADD | RESSES) OF THE | LIMITED LIABILITY COMPANY, IF | APPLICABLE - DO | NOT LIST MEMBERS | | |
| Manager Name | | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip o | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| 8. RESIDENT AGENT IN I | RHODE ISLAND | | - A Chata Changes require | filing Form 642 | | | |
| This information is curre | ntly of record in th | e Office of the Sec | retary of State. Changes require | filing Form 642. | | | |

FILED 10: 39 MAR 0 4 2014 By 218949

| File Date | | | | |
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FOR SECRETARY OF STATE USE ONLY

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.

Date

Denise C. Montoya

Signature of Authorized Person(

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012