

## 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 2009

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 nam	2. Exact name of the limited liability company  Malee's International Designs, LLC						
99769	Malee s I	nternational De	signs, LLO					
3. State of Formation  Rhode Island	4. Brief desc importati	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 <b>Middletown</b>	State RI	Zip 02842-	5.3 31.5		
6. MAILING ADDRESS	OF LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		- दिस		
Contact Name Denise C. Montoya			Contact Title  Member	Contact Title Member				
Street Address 761 Green End Avenue			City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>			
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTA	RS (NAMES AND ADD CHMENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MENIE	BERS C		
Manager Name			Manager Name	Manager Name Cn rei				
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 I	N RHODE ISLAND		retary of State. Changes require					
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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.

Signature of Authorized Person

Denise C. Montoya

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012