

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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.

		2. Exact name of the limited liability company Malee's International Designs, LLC				
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island				
RI	design &	import clothin	g and accessories for who	olesale distributi	on	
5. Principal office address 761 Green End Avenue			City Middletown	State RI	Zip 02842	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name Denise Montoya			Contact Title Member			
Street Address 761 Green End Avenue			City Middletown	State RI	Zip 02842	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>Do</u>	NOT 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 R	HODE ISLAND					
		e Office of the Sec	retary of State. Changes require	filing Form 642.		

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, File Date ___ and that all statements contained herein are true and correct. Check No _ Denise Montoya, Member FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Person

FILED

Form No. 632 Revised: 01/2012