

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 2015

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 the limited liability company MIBA DESIGN, LLC				
124760	IVIIDA DI	LOIGIN, ELO				
3. State of Formation	4	4. Brief description of the character of business conducted in Rhode Island				
RI	GRAPHI	C DESIGN SER	VICES			
5. Principal office address 61 RAILROAD STREET			City WOONSOCKET	State RI	Zip 02895	
	LIMITED LIABILI	iyigompaniyland	Name of the leaferniagh fe	RSON	est a classification (Fig.)	
Contact Name MICHAEL BALINT			Contact Title MEMBER	MEMBER		
Street Address 61 RAILROAD STREET			City WOONSOCKET	State RI	Zip 02895	
7. LIST ALL MANAGERS)RESSES)(OF THE	EIMITED LABILITY COMPANY IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name N/A			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8: RESIDENT AGENT IN R	C. St. Mark President Control of the			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
This Information is curren	tly of record in the	Office of the Secr	etary of State. Changes require fil	Ing Form 642.		

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Form No. 632 Revised: 01/2012

Under penalty of perjury, I declare	and affirm that I have examined
this report, including any accompa and that all statements opnialized	anying schedules and statements,
and that all statements contained	herein are true and correct.
	^

Signature of Authorized Person

MICHAEL BALINT

Print or Type Name of Authorized Person