



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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RECEIVED  
SECRETARY OF STATE  
CORPORATION DIV.  
2016 MAY 27 PM 3:09

Limited Liability Company Annual Report for the year: 2015

Filing period: September 1 - November 1

Filing Fee: \$50.00 \*FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY

|                                                                                                                                                                                                      |       |                                                                             |                    |       |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------|--------------------|-------|-----|
| 1. Entity ID Number                                                                                                                                                                                  |       | 2. Exact name of the Limited Liability Company                              |                    |       |     |
| 911490                                                                                                                                                                                               |       | MW, LLC                                                                     |                    |       |     |
| 3. State of Formation                                                                                                                                                                                |       | 4. Brief description of the character of business conducted in Rhode Island |                    |       |     |
| RI                                                                                                                                                                                                   |       | DESIGN CONSULTING                                                           |                    |       |     |
| 5. Principal Office Address                                                                                                                                                                          |       | City                                                                        | State              | Zip   |     |
| 151 ELTON ST.                                                                                                                                                                                        |       | PROVIDENCE                                                                  | RI                 | 02906 |     |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                             |                    |       |     |
| Contact Name                                                                                                                                                                                         |       | Contact Title                                                               |                    |       |     |
| MARCO WO                                                                                                                                                                                             |       |                                                                             |                    |       |     |
| Street Address                                                                                                                                                                                       |       | City                                                                        | State              | Zip   |     |
| 151 ELTON ST.                                                                                                                                                                                        |       | PROVIDENCE                                                                  | RI                 | 02906 |     |
| 7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO 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 |
|                                                                                                                                                                                                      |       |                                                                             |                    |       |     |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |       |                                                                             |                    |       |     |
| 8. Resident Agent in Rhode Island This information is currently of record in the Department 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, and that all statements contained herein are true and correct. |       |                                                                             |                    |       |     |
| Name of Authorized Person                                                                                                                                                                            |       |                                                                             | Date               |       |     |
| MARCO WO                                                                                                                                                                                             |       |                                                                             | 5/27/16            |       |     |
| Signature of Authorized Person                                                                                                                                                                       |       |                                                                             | SIGN DOCUMENT HERE |       |     |

FILED

MAY 27 2016

By KL 275431