	State of Rhode Island and Provid Office of the Secretary		ns Fee: \$50
J	Division Of Business Ser 148 W. River Stree Providence RI 02904-2	vices t	
HOPE	(401) 222-3040		
imited Liability Co	mpany		
nnual Report <i>ling Period: September</i>	1 - November 1		
n accordance with R.I.G o file its annual report wi	.L. 7-16-66(d), each limited liability company ithin thirty (30) days after the time prescribe a penalty fee of \$25.00.		
ANNUAL REPORT YEA	R : <u>2016</u>		
1. ID No. <u>0004875</u>	559		
2. Exact Name of the	Limited Liability Company pottsdesign	LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
I Ising the following NAI(CS codes, please select the code that best	describes vour busii	ness.
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NAICS Code		6	<u>71</u>
NAICS Code	the Character of the Business Which is	6	
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NAICS Code 4. Brief Description of	the Character of the Business Which is	6	
NAICS Code	the Character of the Business Which is	6	
NAICS Code 4. Brief Description of <u>GRAPHIC DESIGN S</u> 5. Principal Office Add	the Character of the Business Which is SERVICES	6	
NAICS Code 4. Brief Description of GRAPHIC DESIGN S 5. Principal Office Add No. and Street: 5 (200)	the Character of the Business Which is	Actually Conducte	
NAICS Code 4. Brief Description of GRAPHIC DESIGN S 5. Principal Office Add No. and Street: 5 C City or Town: FR	the Character of the Business Which is <u>SERVICES</u> Iress <u>GREAT POND ROAD</u>	Actually Conducte	d in Rhode Island
NAICS Code 4. Brief Description of GRAPHIC DESIGN S 5. Principal Office Add No. and Street: 5 (Code) City or Town: FR 6. Mailing Address of	the Character of the Business Which is <u>SERVICES</u> Iress <u>GREAT POND ROAD</u> <u>CANKLIN</u> State: <u>M</u> Limited Liability Company and Name or	Actually Conducte	d in Rhode Island
NAICS Code 4. Brief Description of GRAPHIC DESIGN S 5. Principal Office Add No. and Street: 5 C City or Town: FR 6. Mailing Address of Contact Name: Conta No. and Street: 5 C	the Character of the Business Which is <u>SERVICES</u> Iress <u>GREAT POND ROAD</u> <u>CANKLIN</u> State: <u>MA</u> Limited Liability Company and Name or ct Title: <u>SREAT POND ROAD</u>	Actually Conducte	d in Rhode Island Country: <u>USA</u>
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NAICS Code 4. Brief Description of GRAPHIC DESIGN S 5. Principal Office Add No. and Street: 5 C City or Town: FR 6. Mailing Address of Contact Name: Conta No. and Street: 5 C City or Town: FR Contact Name: Conta No. and Street: 5 C City or Town: FR 7. Name and Address Contact	the Character of the Business Which is <u>SERVICES</u> Iress <u>GREAT POND ROAD</u> <u>ANKLIN</u> State: <u>M</u> Limited Liability Company and Name or ct Title: <u>GREAT POND ROAD</u> <u>ANKLIN</u> State: <u>M</u> of Each Manager of the Limited Liability	Actually Conducte	d in Rhode Island Country: <u>USA</u> erson: Country: <u>USA</u> licable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 14 Day of September, 2016 at 10:29:39 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By EMILY KING

Signature of Authorized Person

Form No. 632 Revised 09/07

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