



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

2016

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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.

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|---|--------------------|--|--------------------|---------------------|-----|
| 1. Entity ID No. 72865 | | 2. Exact name of the limited liability company Design Lab, llc | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island to design, manufacturer various electronic, scientific, and other types of products and services | | | |
| 5. Principal office address 84 Ship Street | | City Providence | State RI | Zip 02903 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Ralph A. Beckman | | Contact Title Manager | | | |
| Street Address 84 Ship Street | | City Providence | State RI | Zip 02903 | |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name Ralph A. Beckman | | Manager Name | | | |
| Street Address 84 Ship St. | | Street Address | | | |
| City Providence | State RI | Zip 02903 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | | | |

FILED

OCT 05 2016

BY B379

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| File Date | |
| Check No | |
| By: | |
| FOR SECRETARY OF STATE USE ONLY | |

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
Ralph A. Beckman

10/04/16
Date

Print or Type Name of Authorized Person