State of Rhode Island and Providence Plantations Fee Office of the Secretary of State			
	Division Of Business 148 W. River S Providence RI 0290	treet)4-2615	
(401) 222-3040			
Limited Liability Company Annual Report			
Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2016			
1. ID No. 001335915			
2. Exact Name of the Limited Liability Company Jemma Designs, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code		6	<u>54</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
GRAPHIC DESIGN AND MARKETING			
5. Principal Office Addres	S		
No. and Street:21 HARVEST DRIVECity or Town:PORTSMOUTHState: RIZip:02871Country:USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>JACLYN EMMA</u> Contact Title: <u>MANAGING MEMBER</u> No. and Street: <u>1 NEW HAVEN AVE</u> UNIT 2H			
City or Town: <u>MILF</u>		<u>CT</u> Zip: <u>06460</u>	Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address City or Town S	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country			

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 27 Day of October, 2016 at 5:30:21 PM 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 JACLYN EMMA

Signature of Authorized Person

Form No. 632 Revised 09/07

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