



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

148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\*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.

1. ID No. <b>001336420</b>		2. Exact name of the limited liability company <b>LOTUS MJYX, LLC</b>		3. NAICS Code <b>448150</b>	
4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Accessory distribution</b>				5. State of Formation <b>Rhode Island</b>	
6. Principal office address <b>30 Coronado Road, 2nd Floor</b>		City <b>Warwick</b>		State <b>RI</b>	Zip <b>02886</b>
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Michael P. Reynolds</b>		Contact Title <b>Manager</b>			
Street Address <b>30 Coronado Road, 2nd Floor</b>		City <b>Warwick</b>		State <b>RI</b>	Zip <b>02886</b>
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Michael P. Reynolds</b>		Manager Name <b>James P. Galle</b>			
Street Address <b>30 Coronado Road, 2nd Floor</b>		Street Address <b>30 Coronado Road, 2nd Floor</b>			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Manager Name <b>David Wu</b>		Manager Name			
Street Address <b>30 Coronado Road, 2nd Floor</b>		Street Address			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip
9. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

**FILED**

SEP 26 2017

BY

**5787 DS**

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

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.

*Michael P. Reynolds*  
Signature of Authorized Person

**9/18/17**  
Date

**Michael P. Reynolds, Manager**

Print or Type Name of Authorized Person