



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections: 1. ID No. 99769; 2. Exact name of the limited liability company Malee's International Designs, LLC; 3. State of Formation RHODE ISLAND; 4. Brief description of the character of the business IMPORTATION, WHOLESALE AND RETAIL DISTRIBUTION; 5. Principal office address 761 Green End Ave., Middletown, RI 02842; 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Denise C. Montoya, Contact Title Member; 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52; 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11. Agent Name THOMAS B. ORR, ESQ., Address 55 MEMORIAL BOULEVARD, NEWPORT, 02840

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date 10-05-05 *99769*
Check No. 9403
By: [Signature]
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.

Denise C. Montoya 10/5/05
Signature of Authorized Person Date

Denise C. Montoya Member
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 99769		2. Exact name of the limited liability company Malee's International Designs, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island IMPORTATION, WHOLESALE AND RETAIL DISTRIBUTION.	
5. Principal office address 761 GREEN END AVENUE		City MIDDLETOWN	State RI
			Zip 02842
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DENISE MONTOYA		Contact Title	
Street Address 761 GREEN END AVENUE		City MIDDLETOWN	State RI
			Zip 02842-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name THOMAS B. ORR, ESQ.		Address 55 MEMORIAL BOULEVARD	
Address		City NEWPORT	Zip 02840

This report must be signed in ink by an authorized person pursuant to 7-16-66.



9 9 7 6 9

99769 DLLC 05/23/05 10:47:03 AM
File Date <u>7/1/05</u>
Check No. <u>9211</u>
By: <u>DA</u>
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.

Denise C. Montoya 6/28/05
Signature of Authorized Person Date

Denise C. Montoya
Print or type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 99769		2. Exact name of the limited liability company Malee's International Design, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island importation, wholesale and retail distribution			
5. Principal office address 761 Green End Ave.		City Middletown	State RI	Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Denise C. Montoya		Contact Title Member			
Street Address 761 Green End Ave.		City Middletown	State RI	Zip 02842	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
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
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Thomas B. Orr, Esq.		Address			
Address fg 55 Memorial Blvd.		City Newport	State RI	Zip 02840	

This report must be signed in ink by an authorized person pursuant to 7-16-66.

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.

Denise C. Montoya 9/29/04
Signature of Authorized Person Date

Denise C. Montoya, Member
Print or Type Name of Authorized Person

File Date	10/1/04
Check No.	8711
By:	DA
FOR SECRETARY OF STATE USE ONLY	



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 99769		2. Exact name of the limited liability company Malee's International Designs, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island IMPORTATION, WHOLESALE AND RETAIL DISTRIBUTION.	
5. Principal office address 761 Green End Avenue		City Middletown	State RI
		Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Denise Montoya		Contact Title Member	
Street Address 761 Green End Avenue		City Middletown	State RI
		Zip 02842	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
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
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name THOMAS B. ORR, ESQ.		Address	
Address 55 MEMORIAL BOULEVARD		City NEWPORT	Zip 02840

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 9 9 7 6 9 *

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.

Denise Montoya 10/30/02
Signature of Authorized Person Date

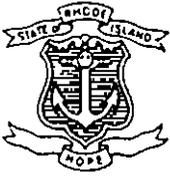
Denise C. Montoya, Member

Print or Type Name of Authorized Person

File Date 11-4-02
Check No. 7903
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number LL 99769

Annual Report for the year 2000

- The name of the limited liability company is:
Malee's International Designs, LLC
- The address of the principal office of the limited liability company is:
761 Green End Avenue, Middletown, RI 02842
- The state or other jurisdiction under the laws of which it is formed is: Rhode Island
- The name and address of its resident agent is: Thomas B. Orr, Esq.
55 Memorial Blvd., Newport, RI 02840
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Ms. Denise Montoya
761 Green End Ave., Middletown, RI 02842
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: importation, wholesale and retail distribution
- If the limited liability company has managers, list the name and address of each manager:

Name

Address

none

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.

Date: 1/25/01

Malee's International Designs, LLC

Exact Name of Limited Liability Company

10-3-01
CK # 7389
e

By

Denise Montoya

Denise Montoya Member

Title

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 99769

Annual Report for the year 1999

- The name of the limited liability company is:
Malee's international Designs, LLC
- The address of the principal office of the limited liability company is:
761 Green End Avenue, Middletown, RI 02842
- The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
- The name and address of its resident agent is: THOMAS B. ORR, ESQ.
55 MEMORIAL BOULEVARD NEWPORT, RI 02840
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Ms. Denise Montoya
761 Green End Avenue, Middletown, RI 02842
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: importation, wholesale and retail distribution
- If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>none</u>	

Dated _____

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.



Malee's International Designs, LLC
Exact Name of Limited Liability Company

By: Denise Montoya
Denise Montoya
Member Title

FOR SECRETARY OF STATE USE ONLY
File Date: **PAID**
Check No.: **SEP 11 2000**
By: **SEC'Y OF STATE**

Form No. 632
Revised 3/1/99