



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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|   |  |   |                         |
|---|--|---|-------------------------|
| 1. Entity ID Number<br><b>99769</b>   |  | 2. Exact name of the Limited Liability Company<br><b>Malee's International Designs, LLC</b>   |                         |
| 3. NAICS Code<br><b>315990</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br>to design, manufacture and import clothing and accessories |                         |
| 5. State of Formation<br><b>RI</b>  |  |   |                         |
| 6. Principal Office Address<br><b>761 Green End Ave.</b>  |  | City<br><b>Middletown</b>   | State<br><b>RI</b>      |
|   |  | Zip<br><b>02842</b>   |                         |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |                         |
| Contact Name<br><b>Denise Montoya</b>   |  | Contact Title<br><b>Member</b>  |                         |
| Street Address<br><b>761 Green End Ave.</b>   |  | City<br><b>Newport</b>  | State<br><b>RI</b>      |
|   |  | Zip<br><b>02842</b>   |                         |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |   |                         |
| 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. |  |   |                         |
| Name of Authorized Person<br><b>Denise Montoya, Member</b>  |  |   | Date<br><b>9-1-2024</b> |
| Signature of Authorized Person<br>  |  |   |                         |

MAIL TO:

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