



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007**

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

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>159573</b>		2. Exact name of the limited liability company <b>COASTAL INTERIORS, LLC.</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Provide interior decorating service.</b>			
5. Principal office address <b>P.O. Box 8139</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Christine Kuzman and Mary Macari</b>			Contact Title <b>Member</b>		
Street Address <b>Same as above</b>		City	State	Zip	
7. 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			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 <b>Anthony R. Leone, II</b>			Address		
Address <b>1345 Jefferson Blvd.</b>		City <b>Warwick</b>	State	Zip <b>02886</b>	

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

**159573**

<b>FILED</b>	
File Date	<b>NOV 01 2007 12:06</b>
Check No.	<b>By [Signature]</b>
By:	<b>091070</b>
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.

**Mary Macari** 10/31/07  
Signature of Authorized Person Date

**Mary Macari**  
Print or Type Name of Authorized Person

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2007 NOV - 1 PM 12:06