



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 2009

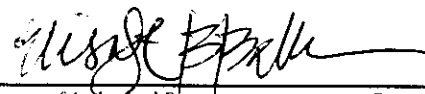
Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

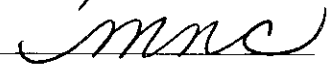
* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 119725		2. Exact name of the limited liability company ART DESIGN INTERIORS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ARCHITECTURE AND DESIGN SERVICES	
5. Principal office address 250 ESTEN AVENUE		City PAWTUCKET	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ELISABETH B BALLOU		Contact Title PARTNER	
Street Address 250 ESTEN AVENUE		City PAWTUCKET	State RI
		Zip 02860	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name ELISABETH B BALLOU		Manager Name	
Street Address 250 ESTEN AVENUE		Street Address	
City PAWTUCKET	State RI	City	State
Zip 02860		Zip	
Manager Name SUSAN A. LONEY		Manager Name	
Street Address 250 ESTEN AVENUE		Street Address	
City PAWTUCKET	State RI	City	State
Zip 02860		Zip	
8. 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			

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

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.

 10/1/09
Signature of Authorized Person Date
ELISABETH B BALLOU
Print or Type Name of Authorized Person

File Date	10-5-09
Check No.	3985
By:	
FOR SECRETARY OF STATE USE ONLY	