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 2011

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.	*2. Exact name of the limited liability company*
162510	TELLING ARCHITECTURAL SYSTEMS, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	SALE AND DISTRIBUTION OF ARCHITECTURAL PRODUCTS

5. Principal office address	*City*	*State*	*Zip*
68 FOX RUN	CRANSTON	RI	02921

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
STEVEN J. COLLINS	MANAGER

Street Address	*City*	*State*	*Zip*
68 FOX RUN	CRANSTON	RI	02921

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	*Manager Name*
STEVEN J. COLLINS	MICHAEL WOOD
Street Address	*Street Address*
68 FOX RUN	68 FOX RUN
City / *State* / *Zip*	*City* / *State* / *Zip*
CRANSTON / RI / 02921	CRANSTON / RI / 02921
Manager Name	*Manager Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *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).

162510

FILED
File Date SEP 21 2011
Check No.
By MMC
By: 600
FOR SECRETARY OF STATE USE ONLY
67821-18-678572

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.

S J Collins 9/16/11
Signature of Authorized Person *Date*

STEVEN J. COLLINS, MANAGER
Print or Type Name of Authorized Person