



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2011

1. ID No. 000484710

2. Exact Name of the Limited Liability Company SC Shibles Design, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

SC Shibles Design, LLC is an interior design/construction management firm. We specialize in providing design and project management services to residential clients undergoing home renovations. We work on space planning, floor plans, choose finishes, fixtures, etc. SC Shibles Design, LLC also works with general contractors to help ensure that design plans are implemented correctly, on time and within budget. SC Shibles Design does not do any structural, mechanical or electrical design or plans other than the space planning for this equipment.

5. Principal Office Address

No. and Street: 8 WOODLAND TERRACE
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: SOPHIA SHIBLES Contact Title: PRINCIPAL
No. and Street: 8 WOODLAND TERRACE
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

SOPHIA CARIATI SHIBLES 67 ORIOLE AVENUE PROVIDENCE , RI 02906

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

Signed this 23 Day of May, 2012 at 10:00:33 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By SOPHIA SHIBLES
Signature of Authorized Person

Form No. 632
Revised 09/07

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