



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 2013

**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>488453</b>		2. Exact name of the limited liability company <b>RYAN DESIGNS, L.L.C.</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>EVENT DESIGN SERVICES</b>	
5. Principal office address <b>3 ATLANTIC AVENUE</b>		City <b>NARRAGANSETT</b>	State <b>RI</b>
		Zip <b>02882</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>ERIK RYAN</b>		Contact Title <b>MEMBER</b>	
Street Address <b>3 ATLANTIC AVENUE</b>		City <b>NARRAGANSETT</b>	State <b>RI</b>
		Zip <b>02882</b>	
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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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>DENNIS R. GANNON</b>		Address <b>1140 RESERVOIR AVENUE, SUITE 3A</b>	
Address		City <b>CRANSTON</b>	Zip <b>02920</b>

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

**488453**

**FILED**

**AUG 21 2013**

BY 2156

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.

Signature of Authorized Person

Date

**ERIK RYAN**

Print or Type Name of Authorized Person

File Date	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	