

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		2. Exact name of the limited liability company				
266143	STUDIO	STUDIO IBIS, LLC				
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island				
RI	SCULPT	SCULPTURE AND DESIGN CREATION				
5. Principal office address 3 BOWERY STREET			City NEWPORT	State RI	Zip 02840	
6. MAILING ADDRESS OF LI	MITED LIABILN	TY COMPANY AND	NAME OR THEE OF CONTACT F	PERSON:		
Contact Name ANDREA HOLLIS			Contact Title MEMBER			
Street Address 3 BOWERY STREET			City NEWPORT	State RI	Zip 02840	
7. LIST ALL MANAGERS (NA "("X" BOX FOR ATTACHME		RESSES) OF THE	LIMITED LIABILITY COMPANY, II	- APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name N/A			Manager Name N/A			
Street Address		,	Street Address			
City	State	Zip	City	State	Zip	
Manager Name N/A			Manager Name N/A			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHO	DE ISLAND	(a)			1 86 1 90 - 1	
This information is currently	of record in the	Office of the Secr	etary of State. Changes require	filing Form 642.		
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File Date	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
Check No.	SEP 1 6 2013	and that all statements contained herein are true and correct.
By F W W	357	Signature of Authorized Person / / Date ANDREA HOLLIS
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012