



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. 788184		2. Exact name of the limited liability company AV STUDIO LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN ALL ASPECTS OF INTERIOR DESIGN SERVICES AND WHOLESALE AND RETAIL SALES OF HANDBAGS AND JEWELRY			
5. Principal office address 70 KENNEDY PLAZA UNIT 6		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ANDREA VALENTINI		Contact Title MEMBER			
Street Address 70 KENNEDY PLAZA UNIT 6		City PROVIDENCSE	State RI	Zip 02903	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name ANDREA VALENTINI		Manager Name			
Street Address 70 KENNEDY PLAZA UNIT 6		Street Address			
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
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 Form 642.					

2014 JAN 24 AM 8:53
 SECRETARY OF STATE
 CORPORATIONS DIV

FILED
 JAN 24 2014
 By 49-215493
 A.A. 8:53 A.M.

File Date _____
 Check No _____
 By: _____

FOR SECRETARY OF STATE USE ONLY

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 1/21/14
ANDREA BUCCI-VALENTINI
 Print or Type Name of Authorized Person