



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

2014

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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. Filing Year 854983		2. Exact name of the limited liability company Em Devaud Events LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Wedding Planning Company			
5. Principal office address 429 Wapping Rd		City Portsmouth	State RI	Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND HOME OR OFFICE OF CONTACT PERSON:					
Contact Name Emily Devaud		Contact Title Owner			
Street Address 429 Wapping Rd		City Portsmouth	State RI	Zip 02871	
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 Emily Devaud		Manager Name			
Street Address 429 Wapping Rd		Street Address			
City Portsmouth	State RI	Zip 02871	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.					

FILED

SEP 03 2014

BY 1002

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.

Em Devaud 9-1-14
 Signature of Authorized Person Date

Emily Devaud
 Print or Type Name of Authorized Person