



Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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**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 Number<br><b>854983</b>  |                    | 2. Exact name of the limited liability company<br><b>Em Devaud Events LLC</b>                                  |                               |                    |                     |
| 3. State of Formation<br><b>RI</b>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Wedding Planning Company</b> |                               |                    |                     |
| 5. Principal office address<br><b>429 Wapping Rd</b>   |                    | City<br><b>Portsmouth</b>  |                               | State<br><b>RI</b> | Zip<br><b>02871</b> |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND HOME OR OFFICE OF CONTACT PERSON:</b>   |                    |  |                               |                    |                     |
| Contact Name<br><b>Emily Devaud</b>  |                    |  | Contact Title<br><b>Owner</b> |                    |                     |
| Street Address<br><b>429 Wapping Rd</b>  |                    | City<br><b>Portsmouth</b>  |                               | State<br><b>RI</b> | Zip<br><b>02871</b> |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |  |                               |                    |                     |
| Manager Name<br><b>Emily Devaud</b>  |                    |  | Manager Name                  |                    |                     |
| Street Address<br><b>429 Wapping Rd</b>  |                    |  | Street Address                |                    |                     |
| City<br><b>Portsmouth</b>  | State<br><b>RI</b> | Zip<br><b>02871</b>  | City                          | State              | Zip                 |
| Manager Name   |                    |  | Manager Name                  |                    |                     |
| Street Address   |                    |  | Street Address                |                    |                     |
| City   | State              | Zip  | City                          | State              | Zip                 |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>   |                    |  |                               |                    |                     |
| 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