



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*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.*

**ANNUAL REPORT YEAR:** 2014

**1. ID No.** 000810028

**2. Exact Name of the Limited Liability Company** Dee-Tangled Web Services, LLC

**3. State of Formation**

State: RI

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

DEE-TANGLED WEB SERVICES, LLC WILL CONDUCT BUSINESS IN THE WEBSITE DESIGN INDUSTRY BY PROVIDING CONSULTATIONS ON WEBSITE DESIGN AND CREATION AND PERFORMING VARIOUS WEBSITE SERVICES INCLUDING WEBSITE DESIGN, CREATION, MANAGEMENT AND UPDATES AND SHALL ENGAGE IN ANY LAWFUL ACT, BUSINESS OR ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES MAY BE FORMED UNDER THE LAWS

**5. Principal Office Address**

No. and Street: 53 NEWTON AVE  
City or Town: WARWICK State: RI Zip: 02889 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: DENISE DROUIN Contact Title:  
No. and Street: 53 NEWTON AVE  
City or Town: WARWICK State: RI Zip: 02889 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title | Individual Name             | Address                                         |
|-------|-----------------------------|-------------------------------------------------|
|       | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

RHODE ISLAND CENTER FOR LAW AND PUBLIC POLICY 3288 POST RD WARWICK , RI 02886

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

**Signed this 23 Day of September, 2014 at 8:40:36 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DENISE P DROUIN  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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