

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 2015

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.	la Fuest		1 11-1			
	j.	me of the limited lia				
0005061	143 M.	ERYL S	ANTOPIETRO	INTERIOR	RS. LLC	
3. State of Formation	4. Brief des	cription of the chara	cter of business conducted in	Rhode Island		
RI		UTERIOR	DESIGN	SERVICES	S	
5. Principal office address 5 ERICA DRIVE			į	LN State	zip 2865	
THE STATE OF COMING PERSON.						
Contact Name MERYL	N. SAM	TOPIETR	Contact Title	EMBER		
Street Address 5 ERICA DRIVE				-N State		
7. LIST ALL MANAGER ("X" BOX FOR ATTAC	IS (NAMES AND ADE CHMENT) [PRESSES) OF THE	LIMITED LIABILITY COMPA	NY, IF APPLICABLE - DO I	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN	RHODE ISLAND	<u> </u>				
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						

File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.
Check No	Multiplication of the state of
Ву:	Signature of Authorized Person Date
FOR SECRETARY OF STATE LISE ONLY	MERYI N SANTOPIETRO

Print or Type Name of Authorized Person

and statements,

Form No. 632 Revised: 01/2012