



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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.

1. ID No. 488453		2. Exact name of the limited liability company RYAN DESIGNS, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island EVENT DESIGN SERVICES	
5. Principal office address 3 ATLANTIC AVENUE		City NARRAGANSETT	State RI
		Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ERIK RYAN		Contact Title MEMBER	
Street Address 3 ATLANTIC AVENUE		City NARRAGANSETT	State RI
		Zip 02882	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DENNIS R. GANNON		Address 11 OLD PHENIX AVENUE	
Address		City CRANSTON	Zip 02921

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

488453

FILED

OCT 09 2015

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.

File Date _____	BY <u>1094</u>
Check No. _____	
By: _____	
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person

ERIK RYAN

Print or Type Name of Authorized Person

Date

9/8/2015