

## 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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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.		e of the limited liability				
000163838	ALLYCO	JLTER DESIGNS	LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island				
RI	INTERIOR	R DESIGN SERVIC	CES			
5. Principal office address 55 BYRAM SHORE ROAD			City GREENWICH	State CT	Zip <b>06830</b>	
		Y COMPANY AND NA	ME OR TITLE OF CONTACT PI			
Contact Name ALICE COULTER			Contact Title PRESIDENT			
Street Address 55 BYRAM SHORE ROAD			City GREENWICH	State CT	Zip 06830	
7. LIST <u>ALL</u> MANAGERS (I ("X" BOX FOR ATTACHN		RESSES) OF THE LIM	ITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name		<u> </u>	Manager Name	Marine Control of the		
Street Address			Street Address			
Citv	Siale	Zip	City	State	Zip	
Manager Name	L		Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RH		Office of the Secretor	y of State. Changes require fi	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Office of the Secretar	y or state. Changes require in	mig Form 042,		
	20 AM					
FILE						
NOV 19	2015					
By 2615	562					
	ILM					
File Date				iny accompanying	irm that I have examined schedules and statements, are true and correct.	
Check No		0S :01 MA	Signature of Audiorized	Person	7.6.1 Date	
FOR SECRETARY OF STA			TI SHY'SHIP	e CNITE		
一門的(日本) (200 Farm No. 620		<b>VEO</b> OF STATE VIO 8 DIV	[[생명rint or Type Name of A 사상자: 국가	umorized Person		
Form No. 632 Revised: 01/2012		VEO	13034			