



**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.<br><b>000162447</b>  |       | 2. Exact name of the limited liability company<br><b>Installations by Design LLC</b>                       |                    |                     |     |
| 3. State of Formation<br><b>RI</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Office Installations</b> |                    |                     |     |
| 5. Principal office address<br><b>20 Lamoureux Blvd</b>   |       | City<br><b>North Smithfield</b>  | State<br><b>RI</b> | Zip<br><b>02896</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |  |                    |                     |     |
| Contact Name<br><b>Ceth Custer</b>  |       | Contact Title<br><b>President</b>  |                    |                     |     |
| Street Address<br><b>20 Lamoureux Blvd</b>  |       | City<br><b>North Smithfield</b>  | State<br><b>RI</b> | Zip<br><b>02896</b> |     |
| 7. LIST <b>ALL</b> 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  |       | Manager Name   |                    |                     |     |
| Street Address  |       | Street Address   |                    |                     |     |
| City  | State | Zip  | City               | State               | Zip |
| Manager Name  |       | Manager Name   |                    |                     |     |
| Street Address  |       | Street Address   |                    |                     |     |
| City  | State | Zip  | City               | State               | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND   |       |  |                    |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |       |  |                    |                     |     |

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By C 9174314

*[Signature]*

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.

Ceth Custer  
Signature of Authorized Person

2/23/16  
Date

Ceth Custer  
Print or Type Name of Authorized Person

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