

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAII LIRE TO FILE THIS REPORT BY DECEMBED 1 WILL

1. Entity ID No. 000162447		ame of the limited liability tions by Design LL			
3. State of Formation	l l	scription of the character on stallations	of business conducted in Rhode Island		
5. Principal office address 20 Lamoureux Blvd			City North Smithfield	State RI	Zip 02896
	MTED LIABIL	TY COMPANY AND NAM	ME OR TITLE OF CONTACT PER	SON:	· · · · · · · · · · · · · · · · · · ·
Contact Name Ceth Custer			Contact Title President		
Street Address 20 Lamoureux Blvd			City North Smithfield	State RI	Zip 02896
("X" BOX FOR ATTACHME	MES AND AD NT) [DRESSES) OF THE LIMI	ITED LIABILITY COMPANY, IF AI	PLICABLE - DO	NOT LIST MEMBERS
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
3. RESIDENT AGENT IN RHO				<u> </u>	
fhis information is currently of	of record in the	e Office of the Secretar	y of State. Changes require filin	g Form 642.	3 0
					SECRETARY OF STATE CORPORATIONS DIV
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. Signature of Authorized Person Date		
By: FOR SECRETARY OF STATE USE ONLY		FILED	Certs Ci	Cert Cister	
orm No. 632		MAR 0 3 2016	Print or Type Name of Auth	iorized Person	

Revised: 01/2012