



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*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.*

**ANNUAL REPORT YEAR:** 2015

**1. ID No.** 000484710

**2. Exact Name of the Limited Liability Company** SC Shibles Design, LLC

**3. State of Formation**

State: RI

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

SC Shibles Design, LLC (D.B.A. SCS DESIGN, LLC) is a full service interior design firm. We specialize in providing complete interior design concepts and following them through to completion. We also provide project administration/management services to residential clients who are planning to build a new home, addition or undergo home renovations. We provide space planning, floor plans, color consultations, choose finishes, fixtures, furnishings, lighting, etc. SC Shibles Design, LLC also works with general contractors to help ensure that design plans are implemented correctly, on time and within budget. SC Shibles Design does not do any structural, mechanical or electrical design or plans other than the space planning for this equipment.

**5. Principal Office Address**

No. and Street: 8 WOODLAND TERRACE

City or Town: PROVIDENCE

State: RI Zip: 02906 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: SOPHIA SHIBLES Contact Title: OWNER

No. and Street: 8 WOODLAND TERRACE

City or Town: PROVIDENCE

State: RI Zip: 02906 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

SOPHIA CARIATI SHIBLES 8 WOODLAND TERRACE PROVIDENCE , RI 02906

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

**Signed this 25 Day of March, 2016 at 7:20:54 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By SOPHIA SHIBLES  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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