



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

2016 AUG -9 PM 1:06

SECRETARY OF STATE  
 CORPORATIONS DIVISION

Limited Liability Company Annual Report for the year: 2015

Filing period: September 1 - November 1

Filing Fee: \$50.00 \*FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Limited Liability Company			
910703		FURNISHINGS LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
RI		UPHOLSTERING			
5. Principal Office Address			City	State	Zip
15 BROOKS AVE			NEWPORT	RI	02840
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title		
CATHERINE PAPA					
Street Address			City	State	Zip
15 BROOKS AVE			NEWPORT	RI	02840
7. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
CATHERINE PAPA					
Street Address			Street Address		
15 BROOKS AVE					
City	State	Zip	City	State	Zip
NEWPORT	RI	02840			
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person				Date	
Catherine Papa				June 16, 2016	
Signature of Authorized Person				SIGN DOCUMENT HERE	
Catherine Papa					

1:06pm  
**FILED**  
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 By 280892

KEM