| (B) | State of Rhode Island and Prov Department of State - | | | |
|-----|---|----------|--|--|
| | I Report for the year: | 2016 | | |
| | ng period: September 1 - No | rember 1 | | |

→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| Entity ID Number 2. Exact name of the Limited Liability Company | | | | | | | |
|---|---|------------------------------------|---|---------------------------|-----------------------|--|--|
| 790969 | Jeff Lima Staging And Design, LLC | | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 54 - Professional, Scientific, and | Staging ho | omes that are fo | or sale and Interior Design co | nsulting. | | | |
| 5. State of Formation | 1 | | | | | | |
| Rhode Island | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 6 Bedford Road | | | Pawtucket | Ri | 02860 | | |
| 7. Mailing Address of Limited Lia | bility Compa | ny and Name or | | | | | |
| Contact Name Jeffrey P. Lima | | | Contact Title Member | Contact Title Member | | | |
| Street Address 6 Bedford Road | | | City Pawtucket | State RI | ^{Zip} 02860 | | |
| 8. List ALL managers (names ar | nd addresses |) of the Limited | Liability Company, IF APPLICAL | BLE - DO NOT LIST I | MEMBERS | | |
| Manager Name | | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip | | |
| Manager Name | <u> </u> | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | | I | ·-···································· | Check the box to i | ndicate an attachment | | |
| 9. Resident Agent in Rhode Islan | d. This inform | ation is currently o | of record with the Department of Sta | te. Changes require filin | g Form 642. | | |
| Under penalty of perjury, I decistatements, and that all statem | lare and affi ents contai | rm that I have e ned herein are | examined this report, includin true and correct. | g any accompanyin | g schedules and | | |
| Name of Authorized Person | Date | Date | | | | | |
| Jeffrey P Lima | 09/07/1 | 09/07/16 | | | | | |
| Signature of Authorized Person | ls. | SEN ! | DOMEN HERE | • | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

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