	State of Rhode Island and Providence Plantations Fee: \$5 Office of the Secretary of State
	Division Of Business Services
	148 W. River Street
	Providence RI 02904-2615
HOPE	(401) 222-3040
imited Liabilit	
Annual Report	ember 1 - November 1
n accordance with	R.I.G.L. 7-16-66(d), each limited liability company failing or refusing
	port within thirty (30) days after the time prescribed by law (R.I.G.L. 7-
16-66(b&c)) is subj	ect to a penalty fee of \$25.00.
ANNUAL REPOR	T YEAR: <u>2016</u>
1. ID No. <u>00</u>	1658646
2. Exact Name c	of the Limited Liability Company Kelly Taylor Interior Design, LLC
3. State of Form	ation
State: <u>RI</u>	
	ARTICLE III
Using the followin	<b>ARTICLE III</b> g NAICS codes, please select the code that best describes your business.
Using the followin	
NAICS Code	g NAICS codes, please select the code that best describes your business.
NAICS Code	g NAICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Descripti	g NAICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Descripti INTERIOR DES	g NAICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Descripti INTERIOR DES	g NAICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Descripti INTERIOR DES 5. Principal Offic No. and Street:	g NAICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Descripti INTERIOR DES 5. Principal Offic No. and Street:	g NAICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Descripti <u>INTERIOR DES</u> 5. Principal Offic No. and Street: City or Town:	g NAICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Descripti <u>INTERIOR DES</u> 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre	g NAICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Descripti INTERIOR DES 5. Principal Offic No. and Street: City or Town: 6. Mailing Addreet: Contact Name:	g NAICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Descripti <u>INTERIOR DES</u> 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre Contact Name: No. and Street:	g NAICS codes, please select the code that best describes your business.
AICS Code 4. Brief Descripti INTERIOR DES 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre Contact Name: No. and Street: City or Town:	g NAICS codes, please select the code that best describes your business.
AICS Code 4. Brief Descripti INTERIOR DES 5. Principal Offic No. and Street: City or Town: 6. Mailing Addreet: Contact Name: No. and Street: City or Town: 7. Name and Addreet	g NAICS codes, please select the code that best describes your business.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JUDY DAVIS, ESQ. 20 NEWMAN AVENUE, SUITE 9003 RUMFORD , RI 02916

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

**Signed this 12 Day of October, 2016 at 9:50:51 AM 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 JUDY DAVIS

Signature of Authorized Person

Form No. 632 Revised 09/07

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