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	Division Of Busine 148 W. River		
	Providence RI 02		
	(401) 222-3		
HOPE	(401) 222-3	040	
Limited Liability Comp	bany		
Annual Report			
Filing Period: September 1 -	November 1		
	7-16-66(d), each limited liability cor hitrity (30) days after the time pres		
16-66(b&c)) is subject to a p			
ANNUAL REPORT YEAR:	<u>2016</u>		
1. ID No. <u>001339195</u>			
2. Exact Name of the Lin	nited Liability Company <u>Flora D</u>	esign, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAICS	codes, please select the code that	best describes your busin	ness.
Using the following NAICS	codes, please select the code that	best describes your busir	ness.
Using the following NAICS	codes, please select the code that	best describes your busin	<u>11</u>
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

SUSAN A. CHAMPAGNE 15 CUMMINGS ROAD NEWPORT, RI 02840

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

Signed this 17 Day of October, 2016 at 2:16:43 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 SUSAN A. CHAMPAGNE

Signature of Authorized Person

Form No. 632 Revised 09/07

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