

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _2016

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

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

1. Entity ID No.	2. Exact na	ame of the limited lia	bility company			
3. State of Formation	442 6010	len reule	Designs LLC			
	l l		cter of business conducted in Rhoo			
Mode Islan	D Custo	m nesion	Amb Woodworlan	V (r		
5. Principal office address 667 West A	henton ica	V	Martin Kinkerto	MIN RT	Zip Oas5a	
6. MAILING ADORESS C Contact Name	F JANTED LIABILI	TY COMPANY AND	HAME OR THE OF CONTACT P	ERSON:		
Tyan A. Baird			Contact Title	<u> </u>		
Street Address 2812 South County Trail			City West Kingston	N State	Zip Od 892	
7. LIST ALL MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADI HMENT) [RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	1 0001	~ · · · · · · · · · · · · · · · · · ·	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
. RESIDENT AGENT IN R	HODE ISLAND					
		Office of the Secre	etary of State. Changes require fi	ling Form C40		
			, o. o.a.e. Onanges require ti	ung Form 642,	· · · · · · · · · · · · · · · · · · ·	

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File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
Check No	and that all statements contined herein are true and correct.
by:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012