

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:	2015	
Limited Liability Company		

-> Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

D 1	DECK YED
fi.i.	

2015 CCT 21 PY 12- 29

149.525									
1. Entity ID Number	2. Exact name of the Limited Liability Company								
	Accents Interior Decovation Services LLC								
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island								
8	Interción decovation								
5. State of Formation									
6. Principal Office Address			City	State	<b>Z</b> ip				
44 Virginia Avenue			Eust Evernwich	N.T.	02818				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person									
Contact Name Chroi Reale		Contact Title							
Street Address 44 VI RGINIU AVE			Eust Evelnwich	State 27	Zip 0 28 L8				
8. List ALL managers (names and	d addresses) of t	the Limited Liabil		O NOT LIST ME	MBERS				
Manager Name			Manager Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
Manager Name			Manager Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
			Che	k the box to indi	ate an attachment				
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.									
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.									
Name of Authorized Person	ime of Authorized Person Reale			October 15, 2016					
Signature of Authorized Person  (United Plants)									

MAIL TO:

Division of Business Services

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

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

OCT 24 2016

pm [