



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2012  
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.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------|------------------------|--------------------------|--------------|
| 1. Entity ID Number<br>...                                                                                                                                                                           |       | 2. Exact name of the Limited Liability Company<br>Accents Interior Decoration Services LLC         |                        |                          |              |
| 3. NAICS Code<br>81 <input checked="" type="checkbox"/>                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br>Interior decoration |                        |                          |              |
| 5. State of Formation<br>RI                                                                                                                                                                          |       |                                                                                                    |                        |                          |              |
| 6. Principal Office Address<br>44 Virginia Avenue                                                                                                                                                    |       | City<br>East Greenwich                                                                             |                        | State<br>RI              | Zip<br>02818 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                    |                        |                          |              |
| Contact Name<br>Carol Reale                                                                                                                                                                          |       |                                                                                                    | Contact Title          |                          |              |
| Street Address<br>44 Virginia Ave                                                                                                                                                                    |       |                                                                                                    | City<br>East Greenwich | State<br>RI              | Zip<br>02818 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                                    |                        |                          |              |
| 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          |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |       |                                                                                                    |                        |                          |              |
| 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<br>Carol Reale                                                                                                                                                             |       |                                                                                                    |                        | Date<br>October 15, 2016 |              |
| Signature of Authorized Person<br>Carol Reale                                                                                                                                                        |       |                                                                                                    |                        |                          |              |

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

By 286717  
A.A. 12:44 p.m.