

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RAL SERVICE STATE

2016 CCT 24 PY 12: 38

Annual Report for the year: 2011

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- -> Penalty; Additional \$25.00 fee if form is not filed by December 1.

149-525					
1. Entity ID Number	2. Exact name of the Limited Liability Company				
1~,-	Accents Interior Decovation Services LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
8\	Inter	lier decor			
5. State of Formation					
L 132					
6. Principal Office Address			City	State	Zip
44 Virginia Avenue			Eust Evernwich	L KI	02818
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Chvol Reale			Contact Title		
Street Address 44 VI RgINIA AVE			Eust Eveenwich	State	zip 0 28 L8
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					
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	Peale			October	15,2016
Signature of Authorized Person Until Deale					

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

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FORM 632 - Revised: 08/2016