Annual Report for the year: 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.					TRECHNIZED DEPT OF STATE JE SMOOD DIV
1. Entity ID Number					
694274	C2M DESIGNS, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
44-45 PLETAIL	-EVENT FLORAL DESIGN SERVICES				
5. State of Formation	- Houday Decor Design Services				
6. Principal Office Address			City	State	Zip
135 Cott AGEST #2			PAWTYCKET	PI	02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name CHRISTINE M. MCCAFFERY			Contact Title MEMBER		
Street Address 135 CoHA6EST 12			City PAWTUCKET,	State PT	Zip 02860
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					

MAIL TO:

Division of Business Services

Name of Authorized Person

Signature of Authorized Person

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

statements, and that all statements contained herein are true and correct.

CHRISTING M. MCCAFFERY

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

Date

OCT 26 2016

By \$ 286974

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