



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
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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. 793428		2. Exact name of the limited liability company Jenny Faw Design, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Design Business			
5. Principal office address 255 Promenade Street 532 Kinsley ave unit 112		City Providence	State RI	Zip 02908 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jenny Faw			Contact Title Operating Manager		
Street Address 255 Promenade Street		City Providence	State RI	Zip 02908	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Jenny Faw			Manager Name		
Street Address 255 Promenade Street 532 Kinsley ave, #112		Street Address			
City Providence	State RI	Zip 02908 02909	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 28 2014

6487 DS

File Date _____
 Check No _____
 By: _____

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.

Jenny Faw Oct 26
 Signature of Authorized Person Date

Jenny Faw
 Print or Type Name of Authorized Person

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