	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	
imited Liabilit	ty Company	
Innual Report		
iling Period: Septe	ember 1 - November 1	
o file its annual rep	R.I.G.L. 7-16-66(d), each limited liability company failing or refusing port within thirty (30) days after the time prescribed by law (R.I.G.L. 7- iect to a penalty fee of \$25.00.	
ANNUAL REPOR	T YEAR : <u>2016</u>	
1. ID No. <u>000</u>	0104440	
2. Exact Name o	of the Limited Liability Company Kitchen & Bath Designs, LLC	
3. State of Form	ation	
State: CT		
Lising the following		
	g NAICS codes, please select the code that best describes your business.	
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NAICS Code 4. Brief Descripti <u>KITCHEN AND</u> 5. Principal Offic No. and Street: City or Town: 6. Mailing Addres	g NAICS codes, please select the code that best describes your business.	
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NAICS Code 4. Brief Descripti <u>KITCHEN AND</u> 5. Principal Offic No. and Street: City or Town: 6. Mailing Addres Contact Name: No. and Street:	g NAICS codes, please select the code that best describes your business.	
AICS Code 4. Brief Descripti <u>KITCHEN AND</u> 5. Principal Offic No. and Street: City or Town: 6. Mailing Addres Contact Name: No. and Street: City or Town:	g NAICS codes, please select the code that best describes your business. 23 ion of the Character of the Business Which is Actually Conducted in Rr D BATH DESIGN AND SALES e Address e Address 11 HERITAGE DRIVE STONINGTON State: CT Zip: 06378 Coun ss of Limited Liability Company and Name or Title of Contact Person: Contact Title: 11 HERITAGE DRIVE STONINGTON State: CT Zip: 06378 Cour dress of Each Manager of the Limited Liability Company, if Applicable	try: <u>USA</u> htry: <u>USA</u>
AICS Code 4. Brief Descripti <u>KITCHEN AND</u> 5. Principal Offic No. and Street: City or Town: 6. Mailing Addres Contact Name: No. and Street: City or Town: 7. Name and Add	g NAICS codes, please select the code that best describes your business. 23 ion of the Character of the Business Which is Actually Conducted in Rr D BATH DESIGN AND SALES e Address e Address 11 HERITAGE DRIVE STONINGTON State: CT Zip: 06378 Coun ss of Limited Liability Company and Name or Title of Contact Person: Contact Title: 11 HERITAGE DRIVE STONINGTON State: CT Zip: 06378 Cour dress of Each Manager of the Limited Liability Company, if Applicable	try: <u>USA</u> htry: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOHN J. BROUGH, JR., CPA DISANTO PRIEST & CO. <u>117 METRO CENTER BOULEVARD</u> WARWICK, <u>RI</u> 02886

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 1 Day of November, 2016 at 4:20:07 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>MELANIE AIMETTI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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