



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 000504899

2. Exact Name of the Limited Liability Company Intelligent Design LLC

3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

81

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THIS BUSINESS IS INTENDED TO PROVIDE DRAWINGS AND DESIGNS FOR DECKS, SHEDS, ADDITIONS, AND REMODELLING. ALSO WILL PROVIDE REQUIRED DRAWINGS FOR BUILDING PERMIT SUBMISSION. WE HAVE ALSO USED THIS NAME TO TRY TO START A PERSONAL FITNESS TRAINING COMPANY. I AM NOW LOOKING INTO EXPANDING INTO MY HOBBY OF RELOADING AMMUNITION FOR PISTOLS. I HAVE OBTAINED MY FFL LICENSE FOR THE SALE AND MANUFACTURE OF RELOADED AMMUNITION, AND HAVE RECEIVED THE OK FROM MY LOCAL ZONING.

5. Principal Office Address

No. and Street: 241 GRANGE ROAD

City or Town: NORTH SMITHFIELD

State: RI

Zip: 02896

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 241 GRANGE ROAD

City or Town: NORTH SMITHFIELD

State: RI

Zip: 02896

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
--------------	---	---

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DAVID C. LEVITRE 241 GRANGE ROAD NORTH SMITHFIELD , RI 02896

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

Signed this 11 Day of November, 2016 at 7:45:46 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 DAVID C LEVITRE
 Signature of Authorized Person

Form No. 632
 Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
 All Rights Reserved