| State of Rhode Island and Providence Plantations Department of State - Business Services Division | |
|--|--|
| Annual Report for the year: 2016 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. | |

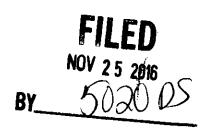
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|--|--|--------------------------|--------------------------------|-----------------------------|------------------------|--|
| 000145362 | Kyla Coburn Designs LLC | | | | | |
| 3. NAICS Code 71 - Arts, Entertainment, and | Brief description of the character of business conducted in Rhode Island interior design & build company | | | | | |
| 5. State of Formation | | | | | | |
| Rhode Island | | | | | | |
| 6. Principal Office Address | I | | City | State | Zip | |
| 1058 Greenwich Ave | | | Warwick | RI | 02886 | |
| 7. Mailing Address of Limited Lia | bility Compan | y and Name or Tit | le of Contact Person | | | |
| Contact Name Kyla Coburn | | | Contact Title Owner | | | |
| Street Address 1058 Greenwich Ave | | City Warwick | State RI | ^{Zip} 02860 | | |
| 8. List ALL managers (names a | nd addresses) | of the Limited Lia | bility Company, IF APPLICA | ABLE - DO NOT LIST | MEMBERS | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City . | 1 "" | Zip 02703 | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| | <u> </u> | | | Check the box to | indicate an attachment | |
| 9. Resident Agent in Rhode Isla | nd. This inform | ation is currently of re | ecord with the Department of S | State. Changes require fili | ng Form 642. | |
| Under penalty of perjury, I dec statements, and that all states | clare and affil | rm that I have exa | mined this report, includ | ing any accompanyi | ng schedules and | |
| Name of Authorized Person | | | Date | Date | | |
| Kyla Coburn | | | , | 11/22/2016 | | |
| Signature of Authorized Person | | | | | | |

MAIL TO:

Division of Business Services

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

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



FORM 632 - Revised: 08/2016