



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.

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BUS SVCS DIV  
2017 JAN 20 AM 10:20

1. Entity ID Number <b>000911647</b>		2. Exact name of the Limited Liability Company <b>PERFECT SURROUNDINGS INTERNATIONAL, LLC.</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>DESIGN SERVICES</b>			
5. Principal Office Address <b>23 GREENOUGH PLACE</b>		City <b>NEWPORT</b>		State <b>RI</b>	Zip <b>02840</b>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>PATRICIA CARBOTTI</b>			Contact Title <b>ADMINISTRATOR</b>		
Street Address <b>PO BOX 508</b>		City <b>NEWPORT</b>		State <b>RI</b>	Zip <b>02840</b>
7. 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 <input type="checkbox"/>					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 542.					
<b>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.</b>					
Name of Authorized Person <b>PATRICIA CARBOTTI</b>				Date <b>7-26-16 / 11/17/16</b>	
Signature of Authorized Person <i>Patricia Carbotti</i>					

**FILED**

JAN 20 2017

BY CU 293443

MAIL TO:  
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