(B)	State of Rhode Island and Providence Plantations				
	State of Rhode Island and Providence Plantations  Department of State - Business Services Division				

STAMP

Annual Report for the year:	2017	
I imited 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.

Entity ID Number 2. Exact name of the Limited Liability Company									
796019	KJF DESIGN, LLC								
			acter of business conducted in Rh	ode Island					
53	management and ownership of commercial and residential real estate								
5. State of Formation	inanageme	are die owners	inp of commercial and resident	iai rear estate					
Rhode Island									
6. Principal Office Address			City	State	Zip				
345 Thames Street, Unit N406			Bristol	RI	02809-0000				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person									
Contact Name			Contact Title						
Kendra J. Ferreira			Manager						
Street Address			City	State	Zip				
345 Thames Street, Unit N406 Bristol RI 02809-0000  8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS									
	d addresses) o	the Limited Liat	· · · · · · · · · · · · · · · · · · ·	DO NOT LIST ME	MBERS				
Manager Name Kendra J. Ferreira			Manager Name						
Street Address 345 Thames Street, Unit N406			Street Address						
City Bristol	State RI	Zip 02809	City	State	Zip				
Manager Name			Manager Name						
Street Address	,		Street Address						
City	State	Zip	City	State	Zip				
Check the box to indicate an attachment									
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.									
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.									
Name of Authorized Person		Date							
Kendra J. Ferreira			Manager	09/01/2017					
Signature of Authorized Person Kandra () Survisign Document Here									

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED SO /
AUG 1 0 2017
BY MYO