RI SOS Filing Number: 201750136410 Date: 9/20/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2011
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 000945646	2. Exact name of the Limited Liability Company Hospitality Design Associates, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
453991	Distributor of Hospitality and						
5. State of Formation	Foodservice Supplies & Farniture.						
6. Principal Office Address 500 Mendon Rd Unit 403			Cumberland	State	02864		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
constrainen R Des marais			Contact Title President				
Street Address Sawl			City	State	Zip		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Steven R Desmarais			Manager Name				
Street Address Same			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
			Che	ck the box to indi	cate 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 SHUUN R	Date 9/18/17						
Signature of Authorized Person Sign DOCUMENT HERE Signature of Authorized Person Language Sign 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

SEP 2 0 2017

FORM 632 - Revised: 08/2017