State of Rhode Island and Pro Office of the Secretal Division Of Business 148 W. River S Providence RI 0294 (401) 222-30 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 com to file its annual report within thirty (30) days after the time press 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017	ary of State s Services Street 04-2615 140 pany failing or refusing
148 W. River S Providence RI 029 (401) 222-30 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 compto file its annual report within thirty (30) days after the time present 16-66(b&c)) is subject to a penalty fee of \$25.00.	Street 04-2615 140 pany failing or refusing
Providence RI 029 (401) 222-30 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 com to file its annual report within thirty (30) days after the time preso 16-66(b&c)) is subject to a penalty fee of \$25.00.	04-2615 40 pany failing or refusing
(401) 222-30 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 comp to file its annual report within thirty (30) days after the time preso 16-66(b&c)) is subject to a penalty fee of \$25.00.	40 pany failing or refusing
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to file its annual report within thirty (30) days after the time prese 16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2017	
1. ID No. <u>001031608</u>	
2. Exact Name of the Limited Liability Company \underline{EAZY}	BLINDS, LLC
3. State of Formation	
State: <u>RI</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary the list of codes <u>here.</u> More information on <u>NAICS</u> can be found	
<u>337121</u>	
4. Brief Description of the Character of the Business Which	h is Actually Conducted in Rhode Island
RETAIL OF BLINDS	
5. Principal Office Address	
No. and Street: 18 CLIFF AVENUE	
City or Town: <u>NEWPORT</u> State: <u>I</u>	<u>RI</u> Zip: <u>02840</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name	e or Title of Contact Person:
Contact Name: BARBARA SHENSTONE Contact Title:	
No. and Street:18 CLIFF AVECity or Town:NEWPORTState: RI	Zip: <u>02840</u> Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Lial DO NOT LIST MEMBERS	bility Company, if Applicable.
Title Individual Name	Address
First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

BARBARA D. SHENSTONE <u>18 CLIFF AVENUE</u> <u>NEWPORT</u>, <u>RI</u> <u>02840</u>

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

Signed this 23 Day of October, 2017 at 9:47:00 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 **BARBARA SHENSTONE**

Signature of Authorized Person

Form No. 632 Revised 09/07

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