RI SOS Filing Number: 201753342070 Date: 11/14/2017 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: 2017 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 Eveet name	of the Limited Lie	hility Company			
- 1987a6	2. Exact name of the Limited Liability Company SOLIELLE DESIGN STUDIO, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
315990	Product Design and manufacturing support for Apparel, Home Decor, Luggage and Accessories					
5. State of Formation	:					
6. Principal Office Address			City	State	Zip	
25 Edwin Street			Barrington	RI	02806	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Adrian Burke			Contact Title Principal			
Street Address 25 Edwin Street			City Barrington	State RI	Zip 02806	
8. List ALL managers (names an	d addresses) o	f the Limited Liabil	lity Company, IF APPLICAB	BLE - DO NOT LIST I	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						
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		
Adrian Burke				11/8/20 ⁻	11/8/2017	
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 FILED NOV 1 4 2017

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