Annual Report for the year: 2015
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. Exact name of the Limited Liability Company				
000810000	Studie	o McKen	zie-Veal LLC			
3. NAICS Code	4. Brief des	Brief description of the character of business conducted in Rhode Island				
541420	Industrial	Industrial Design Services				
5. State of Formation						
RI						
6. Principal Office Address			City	Stale	Zip	
11 S. Angell St, #133			Providence	RI	02906	
7. Mailing Address of Limited		iny and Name o			· ·	
Contact Name Taylor McKenzie-Veal			Contact Title President	Contact Title President		
Street Address 1670 N Claremont, #304			City Chicago	State IL	^{Zip} 60647	
8. List ALL managers (names	s and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Streel Address	Street Address		
City	State	Zıp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		<u> </u>	I	Check the box to	indicate an attachment	
9. Resident Agent in Rhode Is	sland. This inform	nation is currently	of record with the Department of S	State. Changes require fili	ng Form 642.	
Under penalty of perjury, I o statements, and that all sta			examined this report, include true and correct.	ing any accompanyin	ng schedules and	
Name of Authorized Person				Date		
Taylor McKenzie-Veal				5/21/2018		
Signature of Authorized Pers	gn /	5 C	or post of the second			

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**

MAY 2 3 2018

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FORM 632 - Revised: 10/2017