



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**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 company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. ID No. 001013481

2. Exact Name of the Limited Liability Company 2HANDS STUDIO LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541410

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

RESIDENTIAL DESIGN & COMMERCIAL INTERIOR RENOVATION SERVICES ALONG WITH SALES OF FURNITURE, FABRICS & ACCESSORIES FOR RESIDENTIAL AND CONTRACT INTERIOR DESIGN PROJECTS.

5. Principal Office Address

No. and Street: 41 THURSTON AVENUE, 1ST FLOOR

City or Town: NEWPORT

State: RI Zip: 02840 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: MELISSA BREEN MONIZ Contact Title: MANAGING PARTNER

No. and Street: 42 SPRING STREET

SUITE 15

City or Town: NEWPORT

State: RI Zip: 02840 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	MELISSA BREEN MONIZ	41 THURSTON AVE #1 NEWPORT, RI 02840 USA
MANAGER	JEFFREY JOHN MONIZ JR	41 THURSTON AVE #1 NEWPORT, RI 02840 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MELISSA BREEN MONIZ 41 THURSTON AVENUE, 1ST FLOOR NEWPORT , RI 02840

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

Signed this 7 Day of November, 2018 at 11:42:56 AM 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 MELISSA B MONIZ
Signature of Authorized Person

Form No. 632
Revised 09/07

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