



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: **2018**  
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 <b>001052353</b>		2. Exact name of the Limited Liability Company <b>OFFICE FURNITURE SOLUTIONS LLC</b>			
3. NAICS Code <b>337211</b>		4. Brief description of the character of business conducted in Rhode Island <b>OFFICE FURNITURE SALES</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>10 STARLIT ROAD</b>			City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>SANDRA L. MEDEIROS</b>			Contact Title <b>MEMBER</b>		
Street Address <b>10 STARLIT ROAD</b>			City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State <b>RI</b>	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 <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>SANDRA L. MEDEIROS</b>				Date <b>1/30/19</b>	
Signature of Authorized Person <i>Sandra L. Medeiros</i>				Date <b>1-30-19</b>	

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**

**FEB 04 2019**

BY

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