



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.

**FILED STAMP**  
**MAR 27 2019**  
 BY 109105

1. Entity ID Number <b>001673103</b>		2. Exact name of the Limited Liability Company <b>Urban Blinds LLC</b>			
3. NAICS Code <b>442291</b>		4. Brief description of the character of business conducted in Rhode Island <b>Installation and sale - at retail and wholesale - of window treatments for residential, commercial and industrial applications.</b>			
5. State of Formation <b>Massachusetts</b>					
6. Principal Office Address <b>1071 South Precinct St.</b>		City <b>East Taunton</b>	State <b>MA</b>	Zip <b>02718</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Peter Redendes</b>			Contact Title <b>Manager</b>		
Street Address <b>1071 South Precinct St.</b>		City <b>East Taunton</b>	State <b>MA</b>	Zip <b>02718</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Peter Redendes</b>		Manager Name			
Street Address <b>1071 South Precinct St.</b>		Street Address			
City <b>East Taunton</b>	State <b>MA</b>	Zip <b>02718</b>	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>Peter Resendes</b>			Date <b>3/23/19</b>		
Signature of Authorized Person			SIGN DOCUMENT HERE		

**MAIL TO:**  
 Division of Business Services  
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