

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

CHETARY OF STATE

2019 MAY 20 PH 12: 42

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 001339195 | 2. Exact name of the Limited Liability Company Flora Design LLC | | | | |
|--|---|--------------|------------------------------|-------------|----------------------|
| 3. NAICS Code 453110 | Brief description of the character of business conducted in Rhode Island Floral design services | | | | |
| 5. State of Formation Rhode Island | | | _ | | |
| 6. Principal Office Address 141 Peckham Avenue | | | City Middletown | State RI | Zip 02842 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Susan Champagne | | | Contact Title Member/Manager | | |
| Street Address 141 Peckham Avenue | | | City Middletown | State RI | ^{Zip} 02842 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name SUSAN Champagne | | | Manager Name 23 Company | | |
| Street Address 141 Pecicham Auc | | | Street Address | | |
| City Middle trun | State CI | 2i0 CD84D | City | State | Zp も 発売品 |
| Manager Name | | | Manager Name | | AH I |
| Street Address | | | Street Address | | ## - 5 ± 1 |
| 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 Susan Champagne Date 5/29/20/9 | | | | | |
| Signature of Authorized Person NAMPAGNENT FERE | | | | | |

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**

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FORM 632 - Revised: 10/2017