

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	1	2. Exact name of the Limited Liability Company Flora Design LLC				
3. NAICS Code 453110	i i	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 Compa	any and Name or Tit	de 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 (name	s and addresse	s) of the Limited Lia	bility Company, IF APPLICAL	BLE - DO NOT LIST		
Manager Name Susan Champagne			Manager Name			
Street Address 141 Peckham Ave			Street Address			
CITY Middle + CW	State CI	2ip (2)842	City	State	Zip & AAAAA	
Manager Name			Manager Name		AH 23	
Street Address			Street Address	. "'	£ -344	
City	State	Zip	City	State	Zip	
		<u></u>		Check the box to	indicate an attachment	
9. Resident Agent in Rhode	Island. This inforr	nation is currently of re	ecord with the Department of Sta	ate. Changes require fil	ng Form 642.	
Under penalty of perjury, I statements, and that all sta	declare and aff atements conta	irm that I have exa	nmined this report, including and correct.	ng any accompanyli	ng schedules and	
Name of Authorized Person Susan Champagne Dale 5/29/20/9						
Signature of Authorized Pers	son A Gall	n Pagne"	COOUMENT FERE	- /-		
		1 1 4 2		<u> </u>		

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**

<u>J</u>UN 03 2019

KLZPAYW

FORM 632 - Revised: 10/2017