



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 140736		2. Exact name of the limited liability company Stephen Plaud Designs, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SALES OF FURNITURE, WOOD PRODUCTS, HOME DECOR	
5. Principal office address 381 STATE AVENUE		City TIVERTON	State RI
		Zip 02878	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name SUSAN PLAUD		Contact Title .	
Street Address 381 STATE AVENUE		City TIVERTON	State RI
		Zip 02878	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name SUSAN PLAUD		Manager Name .	
Street Address 381 STATE AVENUE		Street Address .	
City TIVERTON	State RI	City .	State .
Zip 02878		Zip .	
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	City .	State .
Zip .		Zip .	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name SUSAN PLAUD		Address .	
Address 381 STATE AVENUE		City TIVERTON	Zip 02878

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 4 0 7 3 6

File Date	8/30/05
Check No.	113
By	DA
FOR SECRETARY OF STATE USE ONLY	

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.

Susan Plaud 8/29/05
Signature of Authorized Person Date
Susan Plaud
Print or Type Name of Authorized Person