



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

STAMP

Annual Report for the year: **2019**

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.

FOR
SECRETARY OF STATE
USE ONLY

2019 NOV -1 PM 2:11

RECEIVED
STATE
CORPORATIONS DIV

1. Entity ID Number 1070217		2. Exact name of the Limited Liability Company Insuperiors, LLC			
3. NAICS Code 541410		4. Brief description of the character of business conducted in Rhode Island Interior design			
5. State of Formation Rhode Island					
6. Principal Office Address 427 Main Street		City East Greenwich		State RI	Zip 02818
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Nathan J. Reynolds		Contact Title Manager			
Street Address 427 Main Street		City East Greenwich		State RI	Zip 02818
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Nathan J. Reynolds		Manager Name			
Street Address 427 Main Street		Street Address			
City East Greenwich	State RI	Zip 02818	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.					
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 Nathan J. Reynolds, Manager				Date	
Signature of Authorized Person <i>Nathan J. Reynolds, Manager</i>				SIGN DOCUMENT HERE	

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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BY *[Signature]* /BHEJ
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