Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-					
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001665734 2. Exact Name of the Limited Liability Company NDL DESIGNS, Ilc 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 541410 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island INTERIOR DESIGN FOR HOSPITALITY 5. Principal Office Address No. and Street: 148 THAYER DRIVE City or Town: Contact Title: No. and Street: 148 THAYER DRIVE City or Town: Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 148 THAYER DRIVE City or Town: Zip: 02871 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS D				Fee: \$50.00	
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DO NOT LIST MEMBERS Title Individual Name Address	City or Town: <u>POI</u>	<u>KISMOUTH</u> State:	<u>KI</u> Zip: <u>U2871</u>	Country: <u>USA</u>	
		-	ility Company, if Ap	oplicable.	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name	Ad	dress	
		First, Middle, Last, Suffix	Address, City or Town	, State, Zip Code, Country	
	8. RESIDENT AGENT IN	RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NANCY DIPRETE LAURIENZO 148 THAYER DRIVE PORTSMOUTH, RI 02871

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 23 Day of September, 2020 at 10:59:32 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>NANCY DIPRETE LAURIENZO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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