

State of Rhode Island

## **Department of State - Business Services Division**

2020 OCT 16 P 2: 26

Annual Report for the year: \_\_\_\_\_\_\_\_9 **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<br>001688923                              | Exact name of the Limited Liability Company     Wild Western Decor LLC                    |                    |                                |                       |                        |  |
|---|---|--------------------|--------------------------------|-----------------------|------------------------|--|
| 3. NAICS Code<br>GGGGGG                                       | Brief description of the character of business conducted in Rhode Island interior designs |                    |                                |                       |                        |  |
| 5. State of Formation RI                                      |   |                    |                                |                       |                        |  |
| 6. Principal Office Address                                   | L   | <del></del>        | City                           | State                 | Zip                    |  |
| 75 Brayton Ave  |   |                    | Warwick                        | RI                    | 02886                  |  |
| 7. Mailing Address of Limited Lia                             | bility Compa  | ny and Name or     | Title of Contact Person        |                       |                        |  |
| Contact Name Valerie Grover                                   |   |                    | Contact Title member           | Contact Title member  |                        |  |
| Street Address 75 Brayton Ave                                 |   |                    | City Warwick                   | State RI              | <sup>Zip</sup> 02886   |  |
| 8. List ALL managers (names a                                 | nd addresses  | s) of the Limited  | Liability Company, IF APPLIC   | ABLE - DO NOT LIST    | MEMBERS                |  |
| Manager Name  |   |                    | Manager Name                   | Manager Name          |                        |  |
| Street Address  |   |                    | Street Address                 | Street Address        |                        |  |
| City  | State   | Zip                | City                           | State                 | Zip                    |  |
| Manager Name  |   |                    | Manager Name                   | Manager Name          |                        |  |
| Street Address  |   |                    | Street Address                 | Street Address        |                        |  |
| City  | State   | Zip                | City                           | State                 | Zip                    |  |
| <del></del>   | <u> </u>  |                    | <u></u>                        | Check the box to      | indicate an attachment |  |
| 9. The Resident Agent Informati                               | on currently  | of record with the | e RI Department of State is ac | curate. Changes requi | re filing Form 642.    |  |
| Under penalty of perjury, I destatements, and that all states | clare and afi   | firm that I have   | examined this report, include  | ding any accompanyli  | ng schedules and       |  |
| Name of Authorized Person                                     |   |                    |                                | Date                  |                        |  |
| Valerie Grover  |   |                    |                                | 10-1                  | 10-15-2020             |  |
| Signature of Authorized Person Valerie Dure                   | L   |                    |                                |                       | 1                      |  |

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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OCT 16 2020 3:36 QDDMS

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\$75. + \$50.

FORM 632 - Revised: 08/2020