

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

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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	2. Exact name of the Limited Liability Company				
001688923	Wild Western Decor LLC				
3. NAICS Code GGGGGG 5. State of Formation	Brief description of the character of business conducted in Rhode Island interior designs				
RI	1				
6. Principal Office Address	<u>.                                    </u>		City	State	Zip
75 Brayton Ave			Warwick	RI	02886
7. Mailing Address of Limited Lia	bility Company	and Name or Tit			
Contact Name Valerie Grover			Contact Title member		
Street Address 75 Brayton Ave			City Warwick	State RI	Zip 02886
8. List ALL managers (names a	nd addresses)	of the Limited Lia		ABLE - DO NOT LIST	MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name	<del></del>		Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<del> </del>	<u> </u>		<del></del>	Check the box to	indicate an attachment
9. The Resident Agent informati	on currently of	record with the R	Department of State is a	curate. Changes requir	e filing Form 642.
Under penalty of perjury, I destatements, and that all states	clare and affir ments contain	m that I have ext led herein are tru	amined this report, include and correct.	ding any accompanyin	g schedules and
Name of Authorized Person				Date	- 2020
Valerie Grover				10-13	5-2020
Signature of Authorized Person Valeric Luce	L				

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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75. + \$50.

FORM 632 - Revised: 08/2020