



Companies House

AR01 (ef)

Annual Return



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Company Name: **FABRIELLE LIMITED**

Company Number: **07671365**

Date of this return: **15/06/2015**

SIC codes: **86230**

Company Type: **Private company limited by shares**

Situation of Registered Office: **KENTON HOUSE 666 KENTON ROAD
HARROW
MIDDLESEX
HA3 9QN**

Officers of the company

Company Director **1**

Type: **Person**
Full forename(s): **MRS ALICIA**

Surname: **SYSON**

Former names:

Service Address: **KENTON HOUSE 666 KENTON ROAD
HARROW
MIDDLESEX
UNITED KINGDOM
HA3 9QN**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **16/02/1963** *Nationality:* **BRITISH**
Occupation: **DENTIST**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	1
		<i>Aggregate nominal value</i>	1
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

THE ORDINARY SHARES OF THE COMPANY WILL HAVE FULL VOTING RIGHTS, ONE VOTE PER SHARE, TOTAL PRIVILEGES IN RESPECT OF DIVIDENDS AND WILL BE PERMITTED TO PARTICIPATE IN ANY DISTRIBUTION (INCLUDING ON WINDING UP). ANY DIVIDEND PAYABLE ON THE ORDINARY SHARE SHALL BE DECIDED BY THE COMPANY IN GENERAL MEETING (IF AND SO FAR AS, THE PROFITS OF THE COMPANY JUSTIFY SUCH PAYMENT) AND SUCH DIVIDENDS MAY VARY FROM TIME TO TIME AND MAY BE PAYABLE ON ANY CLASS OF SHARE OR SHARES AS MAY BE. THE AMOUNT OF ANY DIVIDEND (IF ANY) PAYABLE ON SUCH SHARES IS AT THE DISCRETION OF THE COMPANY. ANY SUCH DIVIDEND SHALL BE PAYABLE BY THE COMPANY AT ANY TIME OR TIMES AS MAY BE DECIDED BY THE COMPANY.

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	1
		<i>Total aggregate nominal value</i>	1

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 15/06/2015 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : **1 ORDINARY shares held as at the date of this return**
Name: **ALICIA SYSON**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.