



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

"AMENDED"

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000789641</b>		2. Exact name of the limited liability company <b>Keystone Novelties Distributors, LLC</b>			
3. State of Formation <b>PA</b>		4. Brief description of the character of business conducted in Rhode Island <b>TEMPORARY SALES OF STATE APPROVED JULY 4TH NOVELTY ITEMS</b>			
5. Principal office address <b>201 SEYMOUR STREET</b>		City <b>LANCASTER</b>	State <b>PA</b>	Zip <b>17603</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>JACK MAY</b>		Contact Title <b>MANAGING DIRECTOR</b>			
Street Address <b>201 SEYMOUR STREET</b>		City <b>LANCASTER</b>	State <b>PA</b>	Zip <b>17603</b>	
<input checked="" type="checkbox"/> LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

2013 DEC -2 AM 10:48  
 SECRETARY OF STATE  
 CORPORATIONS DIV

**FILED**

DEC 02 2013 10:48

By KMC

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

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.

John F. May 11/26/13  
 Signature of Authorized Person Date

JOHN F. MAY  
 Print or Type Name of Authorized Person



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

