



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (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: 2009

1. ID No. 000147805

2. Exact Name of the Limited Liability Company American Bay Outfitters, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

RETAIL BUSINESS

5. Principal Office Address

No. and Street: 83 BROWN STREET

City or Town: WICKFORD

State: RI

Zip: 02852

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: NICOLE REILLY Contact Title: MANAGING MEMBER

No. and Street: 182 FIELDSTONE LANE

City or Town: SAUNDERSTOWN

State: RI

Zip: 02874

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	NICOLE L REILLY	182 FIELDSTONE LANE SAUNDERSTOWN, RI 02874- USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NICOLE L. REILLY 83 BROWN STREET WICKFORD , RI 02852-

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

Signed this 3 Day of October, 2009 at 1:55:06 PM 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 NICOLE REILLY
Signature of Authorized Person

Form No. 632
Revised 09/07

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