RI SOS Filing Number: 201055813070 Date: 01/04/2010 4:00 PM

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

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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.*

1. ID No.	2. Exact name of the limited liability company
328974	SPECIAL T SHOP Cust ID # 243493

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island

5. Principal office address | City | State

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name | Contact Title

Street Address | City | State | Zip

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

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

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2009 DEC 22 AM 11:44

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2009 SEP 21 PM 12:01

* This Company was never activated or has operated as a LLC. In 2008, I applied for this LLC, but never filed as such on my 2008 Tax Return. I have remained a sole proprietor - wish to continue to do so. Please cancel ID # 328974. Thank you

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). Any questions, please call (401) 932-6444.

[redacted]

10:57

FILED
File Date JAN 04 2010
Check No.
By: By
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature of Authorized Person — *Date* 9/17/09

Print or Type Name of Authorized Person

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2010 JAN -4 AM 10:58

Form 632 Rev. 08/08

43670-1-462639