RI SOS Filing Number: 201062495050 Date: 05/18/2010 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 (b), 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)(2) is subject to a penalty fee of $25.00.*

| 1. ID No. | 2. Exact name of the limited liability company |
|---|---|
| 156557 | Striper Moon LLC |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| RI | Retail Clothing Store |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 49 Bradford Street | Bristol | RI | 02809 |

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

| Contact Name | Contact Title |
|---|---|
| Nicholas Kearney | Manager |

| Mailing Address | City | State | Zip |
|---|---|---|---|
| 49 Bradford Street | Bristol | RI | 02809 |

**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's Name | Manager's Name |
|---|---|
| Nicholas Kearney | |
| **Street Address** | **Street Address** |
| 49 Bradford Street | |
| **City** / **State** / **Zip** | **City** / **State** / **Zip** |
| Bristol / RI / 02809 | |
| Manager's Name | Manager's Name |
| | |
| Street Address | Street Address |
| | |
| 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

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

156557
**FILED**

Eff. Date MAY 18 2010
Check No. BY 4381

FOR SECRETARY OF STATE USE ONLY
48787-3-458365

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.

X N. A. Kearney 5/1/10
*Signature of Authorized Person* *Date*

Nicholas Kearney
*Print or Type Name of Authorized Person*

Form 632 Rev. 08/08