



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

A. KAPP MOUTS, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

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)(6)) is subject to a penalty fee of \$25.00.

1. ID No. 000566058		2. Exact name of the limited liability company CHILLER USA OUTFITTERS, LLC	
3. State of Formation MA		4. Brief description of the character of the business which is actually conducted in Rhode Island MANUFACTURING OF CLOTHING APPAREL, AND RELATED ACTIVITIES	
5. Principal office address 28 GLENDALE AVENUE		City PROVIDENCE	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEVEN H. KIMURA		Contact Title MANAGING MEMBER	
Street Address 28 GLENDALE AVENUE		City PROVIDENCE	State RI
		Zip 02906	
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 [NOT APPLICABLE]		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			

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

000566058

FILED

File Date	NOV 16 2011
Check No.	1002
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.

Signature of Authorized Person Date 11/7/11

STEVEN H. KIMURA
Print or Type Name of Authorized Person