



**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

**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>125533</b>		2. Exact name of the limited liability company <b>IN AND OUT Delivery LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Furniture Delivery (HOME)</b>			
5. Principal office address <b>240 ROBINSON ST</b>		City <b>EAST PROV.</b>	State <b>RI</b>	Zip <b>02914</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>STEVEN HANNAWAY</b>		Contact Title <b>PRES.</b>			
Street Address <b>SAME AS ABOVE</b>		City	State	Zip	
7. 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
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED 1137**  
 OCT 07 2013  
 BY 52207630

2013 OCT -7 AM 11  
 DIVISION OF BUSINESS SERVICES  
 OFFICE OF THE SECRETARY OF STATE

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

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.

Steven Hannaway 10-7-13  
 Signature of Authorized Person Date

STEVEN HANNAWAY  
 Print or Type Name of Authorized Person

FOR SECRETARY OF STATE USE ONLY