



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. <u>153427</u>		2. Exact name of the limited liability company <u>Solstice Marketing Concepts, LLC</u>			
3. State of Formation <u>Delaware</u>		4. Brief description of the character of business conducted in Rhode Island <u>Retail Sale of Sunglasses</u>			
5. Principal office address <u>22 Providence Place</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Yvonne Jastrzab</u>		Contact Title <u>Treasury Analyst</u>			
Street Address <u>801 Jefferson Road</u>		City <u>Parsippany</u>	State <u>NJ</u>	Zip <u>07054</u>	
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.					

Corporation Service Company
222 Jefferson Boulevard, Suite 200
Warwick, RI 02888

FILED

OCT 07 2013

By mrc

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.

CU # 340854

Signature of Authorized Person [Signature] Date 9/24/13

Print or Type Name of Authorized Person Kenneth Kim

File Date _____
Check No. _____
By: _____
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