Office of the Secretary of State         Division Of Business Services         148 W. River Street         Providence RI 02904-2615         (401) 222-3040 <b>Limited Liability Company</b> Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing					
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         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         ANNUAL REPORT YEAR: 2013         1. ID No.       000790346         2         2         State of Formation State: RI         State of Formation State: RI         5. Principal Office Address         No. and Street: 326 GAUTHIER DRIVE City or Town: WOONSOCKET         State: RI       Zip: 02895         Country: USA         6 Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: LOB L RASOMBATH Contact Title: MANAGER No. and Street: 326 GAUTHIER DRIVE City or Town: WOONSOCKET       State: RI       Zip: 02895       Country: USA         State: RI       Zip: 02895       Country: USA         Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         No and Street: 326 GAUTHIER DRIVE WOONSOCKET       State: RI       Zip: 02895       Country: USA         State:	RALPH MORE			Fee: \$50.00	
Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file is 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 ANNUAL REPORT YEAR: 2013 1. ID No. 000790346 2. Exact Name of the Limited Liability Company OnPoint Stores LLC 3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Online Retail Business. 5. Principal Office Address No. and Street: 326 GAUTHIER DRIVE Citly or Town: WOONSOCKET State: RI Zip: 02895 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: LOB L RASOMBATH Contact Title: MANAGER No. and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS  Title Individual Name Address Address Citly or Town. State: RI 21p: 02895 Country: USA . Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	148 W. River Street Providence RI 02904-2615 (401) 222 2040				
Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-86(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. 7-16-86(b.Re)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR:       2013         1. ID No.       000790346         2. Exact Name of the Limited Liability Company OnPoint Stores LLC         3. State of Formation         State:       RI         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         Online Retail Business.         5. Principal Office Address         No. and Street:       326 GAUTHIER DRIVE         City or Town:       WOONSOCKET         State:       RI         A. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       LOB L RASOMBATH Contact Title:         MANAGER       Zig GAUTHIER DR         City or Town:       WOONSOCKET         State: RI       Zip: 02895       Country: USA					
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City or Town:       WOONSOCKET       State: RI       Zip:       02895       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       LOB L RASOMBATH Contact Title:       MANAGER         No. and Street:       326 GAUTHIER DR         City or Town:       WOONSOCKET       State: RI       Zip:       02895       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       ELIZABETH RASOMBATH       326 GAUTHIER DRIVE         WOONSOCKET, RI 02895 USA	5. Principal Office Address				
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Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       ELIZABETH RASOMBATH       326 GAUTHIER DRIVE WOONSOCKET, RI 02895 USA         MANAGER       LOB RASOMBATH       .	No. and Street: <u>326 GAUTHIER DR</u>				
First, Middle, Last, Suffix     Address, City or Town, State, Zip Code, Country       MANAGER     ELIZABETH RASOMBATH     326 GAUTHIER DRIVE WOONSOCKET, RI 02895 USA       MANAGER     LOB RASOMBATH     ,					
MANAGER       ELIZABETH RASOMBATH       326 GAUTHIER DRIVE         MANAGER       LOB RASOMBATH       WOONSOCKET, RI 02895 USA         ,       ,	Title				
MANAGER LOB RASOMBATH ,	MANAGER				
, ,	MANAGER	LOB RASOMBATH			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			,		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER					
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11					
LOB RASOMBATH 325 GAUTHIER DRIVE WOONSOCKET, RI 02895		-	. RI 02895		

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

**Signed this 28 Day of October, 2013 at 9:09:49 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By LOB RASOMBATH

Signature of Authorized Person

Form No. 632 Revised 09/07

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