

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. 149934	SPEISS,	2. Exact name of the limited liability company SPEISS, LLC								
3. State of Formation Rhode Island	4. Brief des On-Line	Brief description of the character of business conducted in Rhode Island On-Line Furniture Business								
5. Principal office address 36 Branch Avenue			City Providence	State RI	Zip 02904					
6. MAILING ADDRESS	OF LIMITED LIABIL!	TY COMPANY AND	NAME OR TITLE OF CONTACT F	PERSON:						
Contact Name Jonathan Weiss			Contact Title							
Street Address 36 Branch Avenue			City Providence	State RI	Zip 02904					
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC	S (NAMES AND ADI CHMENT) [RESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - <u>Do</u>	NOT LIST MEMBERS					
Manager Name			Manager Name							
Street Address			Street Address	Street Address						
City	State	Zip	City	State	Zip					
Manager Name			Manager Name	Manager Name						
Street Address			Street Address	Street Address						
City	State	Zip	City	State	Zip					
8. RESIDENT AGENT IN	RHODE ISLAND									
This information is curr	ently of record in th	e Office of the Secr	etary of State. Changes require	filing Form 642	* 10.000					
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Under penalty of perjuly, 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

Jonathan Weiss

Primer Type Name of Authorized Person

Form No. 632 Revised: 01/2012