



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 2014

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>6641977</u>		2. Exact name of the limited liability company <u>SHAW ENTERPRISES, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>RETAIL STORE, Autobody Supplies</u>			
5. Principal office address <u>989 Hopkins Hill Rd.</u>		City <u>W. GREENWICH</u>	State <u>RI</u>	Zip <u>02817</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Gordon Shaw</u>		Contact Title <u>PRESIDENT</u>			
Street Address <u>989 Hopkins Hill Rd.</u>		City <u>W. GREENWICH</u>	State <u>RI</u>	Zip <u>02817</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
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

AUG 19 2014

By

230645

A.A. 12:29p.m.

File Date _____

Check No _____

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.

Gordon Shaw
Signature of Authorized Person

8-19-14
Date

Gordon Shaw
Print or Type Name of Authorized Person