

1. Entity ID No.

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

2. Exact name of the limited liability company

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 <u>All</u>3

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.

664977	Shaw ENTEXPRISES, LLC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island				
RI RETAIL STORE, Huto body Supplies					
5. Principal office address 989 Hopkins	HILL Rd.		W GREENWICK	State R/	Zip 02817
6. MAILING ADDRESS OF LIMIT	ED LIABILITY CO	MPANY AND NAME C	R TITLE OF CONTACT PERSON		The state of the s
Contact Name GORDON Shaw			Contact Title PRESIDENT		
Street Address 989 Hopkin	s Hill	Rd.	W. GREENWICK	State R /	Zip 028/7
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ("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 RHODS	ISLAND		FREE NOW WELL STORY	To a strong relability of the strong of the	
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FILED					PH II
					OHS DIV
AUG 1 9 2014					
By 030648					
A.A. 12:28p.m.					
Under penalty of perjury, I declare and affirm that I have examined					
File Date this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Check No			Sach	Son	8-19-14
By the state of th			Signature of Authorized Perso	n	Date
1			Growdon Shar	a)	
FOR SECRETARY OF STATE USE ONLY  Print or Type Name of Authorized Person					

Form No. 632 Revised: 01/2012