RI SOS Filing Number: 201446544440 Date: 09/22/2014 4:00 PM

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.	2. Exact name of the limited liability company		
0768886	THE PHOTO DOG ART GALLERY LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RI	RETAIL/GIFT SHOP SELLING FRAMES, PHOTOGRAPHY, JEWELRY, NOVELTIES OPEN SEASONLY FROM APRIL - DEC		
5. Principal office address	City	State	Zip
189 WATER STREET	BLOCK ISLAND	RI	02807
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name	Contact Title		
LESLEY HELTERLINE	OWNER		
Street Address	City	State	Zip
189 WATER ST	BLOCK ISLAND	RI	02807
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
SEP 22 2014
BY 113

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.

Signature of Authorized Person — Date 9-20-14

LESLEY HELTERLINE
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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