

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 Ding Shack LLC					
684033	Ding Shaci	K LLC			•	
3. State of Formation	4. Brief descrip	4. Brief description of the character of business conducted in Rhode Island				
RI	Furniture a	Furniture and surfboard repair				
5. Principal office address 7 Merton Road			City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF L	IMITED LIABILITY	COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Robert Cody Harple			Contact Title			
Street Address 7 Merton Road			City Newport	State RI	Zip 08240	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM	IAMES AND ADDRE	SSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Managar Name			Manager Name			
Street Address			Street Address			
City	State	7in	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RH	ODE ISLAND			<u> </u>		
This information is currentle	ly of record in the C	office of the Seci	retary of State. Changes requi	re filing Form 642.	·	

FILED

OCT-0 6 2014

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

Robert Cody Harple

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012