



**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. <b>156942</b>		2. Exact name of the limited liability company <b>VELCRO HOLDINGS, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>HOLD AND MANAGE REAL ESTATE</b>			
5. Principal office address <b>C/O DEW CLAW STDS 545 PAWTUCKET AVE STE 106</b>		City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	
Contact Name <b>KRISTIN PEDERSEN</b>		Contact Title <b>MANAGER</b>			
Street Address <b>C/O DEW CLAW STDS 545 PAWTUCKET AVE STE 106</b>		City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	
Manager Name <b>KRISTIN PEDERSEN</b>		Manager Name <b>ERIK PEDERSEN</b>			
Street Address <b>112 CROSS STREET</b>		Street Address <b>521 HIGH ROCK STREET</b>			
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>NEEDHAM</b>	State <b>MA</b>	Zip <b>02492</b>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

**OCT 28 2014**

BY 165

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]*  
 Signature of Authorized Person  
**KRISTIN PEDERSEN**  
 Print or Type Name of Authorized Person

**10/21/2014**

Date