RI SOS Filing Number: 201449091130 Date: 10/29/2014 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		
000800917	**PACK YOUR BAGS, LLC**		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RI	**Product design and marketing**		
5. Principal office address	City	State	Zip
10B Tamarac Drive	**Greenville**	**RI**	**02828**
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name	Contact Title		
Francis X Goodwin, Jr	**Member**		
Street Address	City	State	Zip
10B Tamarac Drive	**Greenville**	**RI**	**02828**
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.			

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2014 OCT 29 AM 10: 25

FILED
OCT 29 2014
BY 2354149

File Date _____
Check No 23058
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.

Francis X. Goodwin Jr 10/21/14
Signature of Authorized Person Date

Francis X. Goodwin, Jr
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

112995-21-998876