



**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.<br><b>690447</b>   |       | 2. Exact name of the limited liability company<br><b>RIMGC LLC</b>                               |                    |                     |     |
| 3. State of Formation<br><b>RI</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Barbershop</b> |                    |                     |     |
| 5. Principal office address<br><b>1000 Division St. Unit 50</b>   |       | City<br><b>E. Greenwich</b>  | State<br><b>RI</b> | Zip<br><b>02818</b> |     |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |       |  |                    |                     |     |
| Contact Name<br><b>Tammy Clark</b>  |       | Contact Title<br><b>Owner</b>  |                    |                     |     |
| Street Address<br><b>11 Miner Pentway</b>   |       | City<br><b>Pawcatuck</b>   | State<br><b>RI</b> | Zip<br><b>06379</b> |     |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |       |  |                    |                     |     |
| Manager Name<br><b>T</b>  |       | 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 |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |       |  |                    |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |       |  |                    |                     |     |

**FILED**

**MAR 18 2015**

BY 1230 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.

Tammy Clark  
Signature of Authorized Person

15 Mar 2015  
Date

TAMMY CLARK  
Print or Type Name of Authorized Person

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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