

## 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 2019

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 co | mpany  |                                   |  |
|---|--|--------------------------|--|-----------------------------------|--|
| 000815023   | Shop   | To Ple                   | dge, LLC   |                                   |  |
| 3. State of Formation   | Brief description of the character of business conducted in Rhode Island |                          |  |                                   |  |
| RI  | Online shapping  |                          |  |                                   |  |
| 5. Principal office address   |  |                          | City   | State                             | Zip  |
| 3A BREEZY LATE DR.<br>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM |  |                          | Coventry   | RI                                | 028/6  |
| Contact Name  | IEU LIABILITY CO   | IMPANY AND NAME          | OR TITLE OF CONTACT PERS Contact Title   | ON:                               |  |
|   |  |                          | President  |                                   |  |
| Joseph BeTTENCOURT Street Address 3A BREEZY Latte DR.                         |  |                          | City State Zip   |                                   |  |
| 3A BREEZY Lake DR.  |  |                          | Coventry   | RI                                | C28/6  |
| 7. LIST ALL MANAGERS (NAM<br>* ("X" BOX FOR ATTACHMENT                        | ES AND ADDRES:   | SES) OF THE LIMITI       | ED LIABILITY COMPANY, IF APP   | LICABLE - DO N                    | IOT LIST MEMBERS                                 |
| 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  |  |                          |  |                                   |  |
| This information is currently of  | record in the Offic  | e of the Secretary       | of State. Changes require filing   | Form 642.                         |  |
|   | FILET<br>MAY 0 4   | 2015                     |  |                                   | MAY-4 AN 9: 17                                   |
| File Date  Check No  By:  FOR SECRETARY OF STATE U                            | MAI QUI  | 8 13                     | Under penalty of perjury, I this report, including any a and that all statements cor Signature of Authorized Personal Print or Type Name of Authorized Authorized Personal Print or Type Name of Autho | accompanying sontained herein are | n that I have examined<br>hedules and statements |

Form No. 632 Revised: 01/2012