



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. <u>797477</u>		2. Exact name of the limited liability company <u>Steal My Wedding Day</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Resale of Cancelled Weddings / Last Minute Bookings</u>	
5. Principal office address <u>27 Cornos Ln</u>		City <u>Riverside</u>	State <u>RI</u>
		Zip <u>02915</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Kyle Tysvaer</u>		Contact Title <u>CEO</u>	
Street Address <u>27 Cornos Ln</u>		City <u>Riverside</u>	State <u>RI</u>
		Zip <u>02915</u>	
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"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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.			

2015 MAY 18 AM 9:51
SECRETARY OF STATE
CORPORATIONS DIV

FILED

MAY 18 2015

By 249110

A.A.

File Date
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
Kyle Tysvaer

Date
5/18/15

Print or Type Name of Authorized Person