

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 2015

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.	Exact name of the limited liability company Celeste Concepts, LLC					
107407		-				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
RI	acquiring, licensing, holding, exploiting, maintaining, selling & otherwise dealing in intellectual property assets					
5. Principal office address 54 Taylor Drive			City East Providence	State RI	Zip 02916	
6. MAILING ADDRESS OF	LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:		
Contact Name Heidi J. Loomis			Contact Title			
Street Address 54 Taylor Drive			City East Providence	State RI	Zip 02916	
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACHI	NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF AF	PPLICABLE - DO	NOT 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 RI	HODE ISLAND		<u> </u>			
		Office of the Secr	etary of State. Changes require filing	g Form 642.		
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OCT 21 2015 AAA

·	Under penalty/of perjury, I declare and affirm that I have examined			
File Date	this report, including any accompanying schedules and statements,			
	and that all statements contained herein are true and correct.			
Check No	10/8/1			
Ву:	Agnature of Authorized Person Date			
FOR SECRETARY OF STATE USE ONLY	Heidi J. Loomis			
	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012