

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

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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. 798666	2. Exact na	ime of the limited lia orts Den, LLC	bility company			
3. State of Formation Rhode Island	4. Brief des Sales of	Brief description of the character of business conducted in Rhode Island Sales of memorabilia and sports cards				
5. Principal office address 29 Bruster Drive			City North Kingstown	State RI	Zip 02852	
6: MAILING ADDRESS OF Contact Name Denis Barnes	FLIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PER Contact Title Member	SON: 144:	Maria de Como Como	
Street Address 29 Bruster Drive			City North Kingstown	State RI	Zip 02852	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF AF	PLICABLE - 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 R	HODE ISLAND	シングの名を指す。 おより アイル 電気機能 ・ アイン は 名本				
This information is curren	tly of record in th	e Office of the Secr	retary of State. Changes require filing	Form 642.	1	

OCT 2622015

File Date Check No By:	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 Date
FOR SECRETARY OF STATE USE ONLY	Denis Barnes
	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012