

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.

Rhode Island 5. Principal office address 746 Hope Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Crystal G. Gantz Street Address 746 Hope Street City Providence City Providence City Providence RI Zip 02906 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEM ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip	1, Entity ID No. 690412	2. Exact na Hope Re	2. Exact name of the limited liability company Hope Returns, LLC				
Contact Name Crystal G. Gantz Street Address 746 Hope Street City Providence 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEM ("X" BOX FOR ATTACHMENT) Manager Name Street Address City Manager Name Street Address Street Address Street Address City State Zip Manager Name Manager Name Street Address City State Zip Manager Name Street Address City State Zip	3. State of Formation Rhode Island	4. Brief des Resale/C	Brief description of the character of business conducted in Rhode Island Resale/Consignment Shop				
Contact Name Crystal G. Gantz Street Address 746 Hope Street City Providence City Providence T. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEM ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City State Zip Manager Name Street Address Street Address Street Address City State Zip						Zip 02906	
Street Address 746 Hope Street The providence of the providence o	6. MAILING ADDRESS OF	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEM ("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip				Contact Title			
Manager Name Manager Name Street Address Street Address State Zip City State Zip Manager Name Street Address Street Address Street Address State Zip City Cit						Zip 02906	
Street Address City State Zip City State Zip Manager Name Manager Name Street Address Street Address City State Zip City State Zip	7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
City State Zip City State Zip Manager Name Manager Name Street Address City State Zip City State Zip City State Zip	Manager Name			Manager Name	Manager Name		
Manager Name Street Address Street Address City State Zip City State Zip State Zip	Street Address			Street Address	Street Address		
Street Address Street Address City State Zip City State Zip Zip	City	State	Zip	City	State	Zip	
City State Zip City State Zip	Manager Name			Manager Name	Manager Name		
	Street Address			Street Address	Street Address		
8. RESIDENT AGENT IN RHODE ISLAND	City	State	Zip	City	State	Zip	
	8. RESIDENT AGENT IN F	RHODE ISLAND			<u> </u>		
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is curre	ntly of record in th	e Office of the Sec	retary of State, Changes require t	ilina Form 642.		

FILED

NOV 1 0 2015

File DateBY	18066	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 a/e true and correct.
Check No	·	Cy Da D Don 10/30/5/
Ву:		Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY		Crystal G. Gantz
OR SECRETARITY OF STATE USE ONE!		Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012