

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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. 789162                 | 2. Exact name of the limited liability company His and Hers Attic, LLC                      |                      |                                  |                           |                     |
|---|---|----------------------|----------------------------------|---------------------------|---------------------|
| 3. State of Formation  Rhode Island     | Brief description of the character of business conducted in Rhode Island     Internet Sales |                      |                                  |                           |                     |
| 5. Principal office address 9 Ann Court |   |                      | City<br>Coventry                 | State<br>RI               | Zip<br><b>02816</b> |
| 6. MAILING ADDRESS O                    | F LIMITED LIABILI   | TY COMPANY AND       | NAME OF TITLE OF CONTACT         | PERSON                    |                     |
| Contact Name Bruce E. Bernier           |   |                      | Contact Title  Member            |                           |                     |
| Street Address 9 Ann Court              |   |                      | City<br>Coventry                 | State<br>RI               | Zip<br><b>02816</b> |
| 7. LIST ALL MANAGERS                    |   | PRESSES) OF THE      | LIMITED LIABILITY COMPANY,       | IF APPLICABLE - <u>DO</u> | 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 I                  | RHODE ISLAND  |                      |                                  |                           |                     |
| This information is curre               | ntly of record in th  | e Office of the Seci | retary of State. Changes require | filing Form 642.          |                     |

**FILED** 

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<u>v 261033</u>

Check No.

Form No. 632 Revised: 01/2012 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

Bruce E. Bernier, Member

Print or Type Name of Authorized Person