

## 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. 631547	2. Exact name of the limited liability company  The PSE Group, LLC					
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
RI	Watch and clock wholesale distribution					
5. Principal office address 999 Chalkstone Ave			City Providence	State RI	Zip <b>02940</b>	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT I	PERSON:	<del></del>	
Contact Name Peter Wish	<del>-</del>		Contact Title Member			
Street Address P.O. Box 687			City Milford	State MA	Zip <b>01757</b>	
7. LIST <u>ALL</u> MANAGERS ( "X" BOX FOR ATTACH	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - <u>DO</u>	NOT LIST MEMBER	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	Name		Manager Name			
Street Address			Street Address			
		Zip	City	State	Zip	
City	State		1-1-7		<b>-</b> ip	
City  8. RESIDENT AGENT IN R	HODE ISLAND		etary of State. Changes require			

FILED

File Date	this report, including any accompanying schedule	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.		
Check No B1		- 11/3/15		
By:	Signature of Authorized Person	Date		
FOR SECRETARY OF STATE LISE ONLY	Peter D. Wish			

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012