



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. <u>568352</u>		2. Exact name of the limited liability company <u>Lost Treasures LLC</u>			
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Buy + Sell Firearms, Coins, Jewelry + Antiques</u>			
5. Principal office address <u>242 Middle St.</u>		City <u>Pawtucket</u>	State <u>R.I.</u>	Zip <u>02860</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name <u>Nathaniel Landi</u>		Contact Title <u>Member</u>			
Street Address <u>242 Middle St.</u>		City <u>Pawtucket</u>	State <u>R.I.</u>	Zip <u>02860</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. (<input checked="" type="checkbox"/>) BOX FOR ATTACHMENT					
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 RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 JAN 27 AM 11:55

FILED

JAN 27 2016

By A.A.
A.A.

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.

Nathaniel Landi 1-27-16
 Signature of Authorized Person Date

Nathaniel Landi
 Print or Type Name of Authorized Person

File Date _____
 Check No. _____
 By _____
 FOR SECRETARY OF STATE USE ONLY