



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. <b>792624</b>		2. Exact name of the limited liability company <b>3 Zero Eight LLC</b>	
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Retail &amp; Service</b>	
5. Principal office address <b>891 Warwick Ave</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02888</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>John A. Psilopoulos</b>		Contact Title <b>Owner</b>	
Street Address <b>891 Warwick Ave</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02888</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>N/A</b>		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
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.			

**FILED**

FEB 04 2016

By 2166953

A.A. 12:57 p.m.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

01/29/2016

Signature of Authorized Person

Date

**John A. Psilopoulos**

Print or Type Name of Authorized Person