



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 793038		2. Exact name of the Corporation Mister Sister, LLC Inc			
3. Principal office address 268 Wickenden ST.		City Providence		State RI	Zip 02906
4. Business Phone No. 401-421-6969		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Retail Store - clothing, personal, novelty items					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Devionne Mayim-Daviau			Vice-President Name		
Street Address 268 Wickenden Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			250		1000

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 FEB -5 AM 10:37

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date

FILED

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

FEB 05 2016

DM Ward as agent for Mister Sister, LLC  
Signature of Authorized Representative Date

By:

FOR SECRETARY OF STATE USE ONLY BY

CH 267027

DM Ward 12-16-15  
Print or Type Name of Authorized Representative

10:39