State of Rhode Island and Providence Plantations Fee Office of the Secretary of State			
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615			
HOPE	(401) 222-3040		
Limited Liability Comp Annual Report Filing Period: September 1 -	November 1		~
	7-16-66(d), each limited liability comp thirty (30) days after the time presc enalty fee of \$25.00.	· · · · · · · · · · · · · · · · · · ·	
ANNUAL REPORT YEAR:	2015		
<b>1. ID No.</b> <u>000797995</u>			
2. Exact Name of the Limited Liability Company $\underline{MYBOYZ, LLC}$			
3. State of Formation			
State: <u>RI</u>			
Management of real estate 5. Principal Office Addres	s		
	<u>SMITH STREET</u>		
City or Town: <u>PRO</u>	VIDENCE State: E	<u>RI</u> Zip: <u>02908</u>	Country: <u>USA</u>
Contact Name: Contact T No. and Street: <u>915 S</u>	ited Liability Company and Name itle: <u>SMITH STREET</u> <u>VIDENCE</u> State: <u>F</u>		Person: Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Ac	Idress
	First, Middle, Last, Suffix	Address, City or Town	, State, Zip Code, Country
	HODE ISLAND - DO NOT ALTER of Form 642 - R.I.G.L. 7-16-11		
SUSAN A. BOUCHER 915 SMITH STREET PROVIDENCE, RI 02908			
9. This report must be exe	ecuted by an authorized person p	ursuant to R.I.G.L.	7-16-66 (b).

**Signed this 29 Day of February, 2016 at 12:13:19 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>SUSAN BOUCHER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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