



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. 963231		2. Exact name of the limited liability company Line of Fire, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Sale of clothing and related products			
5. Principal office address 122 Manton Avenue		City Providence	State RI	Zip 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Richard Caruso		Contact Title Manager			
Street Address 122 Manton Avenue		City Providence	State RI	Zip 02909	
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 Richard Caruso		Manager Name JOHN CRAMEZ			
Street Address 122 Manton Avenue		Street Address 2509 Monogram Ave.			
City Providence	State RI	Zip 02909	City Long Beach	State CA	Zip 90815
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.					

FILED *✓*

FEB 29 2016

BY CR 268949

File Date	<u>3062</u>
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.

[Signature] Feb. 19, 2016
 Signature of Authorized Person Date
Richard Caruso
 Print or Type Name of Authorized Person