| State of Rhode Island and Providence Plantations Fee: S<br>Office of the Secretary of State   |                             |                      |                              |
|---|-----------------------------|----------------------|------------------------------|
| Division Of Business Services   |                             |                      |                              |
| 148 W. River Street<br>Providence RI 02904-2615   |                             |                      |                              |
| (401) 222-3040  |                             |                      |                              |
|   |                             |                      |                              |
| Limited Liability Company<br>Annual Report  |                             |                      |                              |
| Filing Period: September 1 - November 1   |                             |                      |                              |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. |                             |                      |                              |
| ANNUAL REPORT YEAR: 2015  |                             |                      |                              |
| 1. ID No. <u>000787620</u>  |                             |                      |                              |
| 2. Exact Name of the Limited Liability Company Perfect Pineapple LLC  |                             |                      |                              |
| 3. State of Formation   |                             |                      |                              |
| State: <u>RI</u>  |                             |                      |                              |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   |                             |                      |                              |
|   |                             |                      |                              |
| Retail boutique conducting retail sales   |                             |                      |                              |
| seasonal business   |                             |                      |                              |
| 5. Principal Office Addres  | SS                          |                      |                              |
| No. and Street: <u>60 BAY STREET</u>  |                             |                      |                              |
| City or Town: <u>W</u>  | ESTERLY State: <u>RI</u>    | Zip: <u>02891</u>    | Country: <u>USA</u>          |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:  |                             |                      |                              |
| Contact Name: JESSICA COLASURDO Contact Title: OWNER  |                             |                      |                              |
| No. and Street: <u>60</u>   | BAY STREET                  |                      | 0                            |
| City or Town: <u>WE</u>   | STERLY State: <u>RI</u>     | Zip: <u>02891</u>    | Country: <u>USA</u>          |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS   |                             |                      |                              |
| Title   | Individual Name             | ۵                    | ddress                       |
|   | First, Middle, Last, Suffix | Address, City or Tow | vn, State, Zip Code, Country |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER<br>Changes Require Filing of Form 642 - R.I.G.L. 7-16-11   |                             |                      |                              |
| JESSICA COLASURDO 60 BAY STREET WESTERLY, RI 02891  |                             |                      |                              |
| 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).   |                             |                      |                              |
|   |                             |                      |                              |

## Signed this 9 Day of March, 2016 at 9:26:30 AM 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 JESSICA COLASURDO Signature of Authorized Person

Form No. 632 Revised 09/07

 $\circledast$  2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved