



**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>000579734</b>		2. Exact name of the limited liability company <b>THOMAS J. BARRON, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>FURNITURE SALES</b>			
5. Principal office address <b>7 PETTI DRIVE</b>		City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	
Contact Name <b>THOMAS J. BARRON</b>		Contact Title <b>SINGLE MEMBER</b>			
Street Address <b>7 PETTI DRIVE</b>		City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

**FILED**

**MAR 31 2016**

*9113 PS*

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.

*Thomas J. Barron*  
 Signature of Authorized Person

*3/29/2016*  
 Date

**THOMAS J. BARRON**

Print or Type Name of Authorized Person