



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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Limited Liability Company Annual Report for the year: 2015

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Limited Liability Company			
793977		DRIIFT LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
RI		SUIF SHOP			
5. Principal Office Address			City	State	Zip
540 Kingstown RD			WAKEFIELD	RI	02879
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title		
Rob Jones			MANAGER		
Street Address			City	State	Zip
540 Kingstown RD			WAKEFIELD	RI	02879
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Rob Jones					
Street Address			Street Address		
94 AUSTIN ST					
City	State	Zip	City	State	Zip
WAKEFIELD	RI	02879			
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person					Date
Robert Jones					4/16/16
Signature of Authorized Person					
SIGN DOCUMENT HERE					

FILED

APR 20 2016
BY KL 1658