



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		SURF 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