



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

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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SECRETARY OF STATE
CORPORATIONS DIV
2016 MAY -2 PM 3:55

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 FOR

1. Entity ID Number		2. Exact name of the Limited Liability Company			
895767		L.A.B. Enterprises, LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
R.I.		online business			
5. Principal Office Address		City	State	Zip	
12 Samuel Ave.		Pawtucket	R.I.	02860	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Lisa Blake		Manager			
Street Address		City	State	Zip	
12 Samuel Ave.		Pawtucket	R.I.	02860	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
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	
Lisa Blake				5.2.16	
Signature of Authorized Person					
Lisa Blake					

FILED

MAY 02 2016

By 12273410