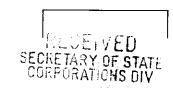


State of Rhode Island and Providence Plantations Department of State - Business Services Division

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



2016 MAY -5 PM 3: 58

BY CM 273699

Limited Liability Compa Filing period: September 1 - N Filing Fee: \$50.00 *FAILURE	ovember 1	the year: 2015 DECEMBER 1 WILL RESULT	IN A \$25.00 PE	NAITY FEE	
1. Entity ID Number	2. Exact name of the Limited Liability Company				
001033236	Dressed By Finn, LLC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island				
RI	online clothi	ing boutique fo	x dogs		
5. Principal Office Address		City	State	Zip	
24 Corliss St.	Suite # 6727	Providence	RI	02940	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jennifer L. Foley		Contact Title	Contact Title Member		
	ce Place Apt # 466	City Providence	State RIT	Zip O2903	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name V/A		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					
		cord in the Department of State. Change	A CONTRACTOR OF THE PROPERTY O	\$60.00 (0.00 of 1.0 of	
Under penalty of perjury, I decl statements, and that all statem	are and affirm that I have exa ents contained herein are tru	mined this report, including any a e and correct.	accompanying s	chedules and	
Name of Authorized Person Jennifer L. Foley			Date 5/4/1/U		
Signature of Authorized Person		SINNEMOUNT		14	
FILED					
MAY 0 5 2016					