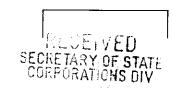


State of Rhode Island and Providence Plantations Department of State - Business Services Division

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	r the year: 2015 Y DECEMBER 1 WILL RESULT	IN A \$25.00 PE		
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 cloth	ing boutique fo	or dogs		
5. Principal Office Address		City - Edition of the control of the	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 Member	Contact Title Member		
Street Address 903 Providen	ce Place Ap+ # 46	City -	State	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	Street Address		
City	State Zip	City	State	Zip	
Manager Name		Manager Name	Manager Name		
Street Address		Street Address			
City	State Zip	City	State	Zip	
Check the box to indicate an attachment					
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 decl statements, and that all statem	are and affirm that I have exa ents contained herein are tru	amined this report, including any a se and correct.	accompanying s	chedules and	
Name of Authorized Person Jennifer L. Foley			Date 5/4/114		
Signature of Authorized Person	.	DELUMENTOLLY			
FILED					
MAY 0 5 2016					