



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

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RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 MAY 10 PM 4:09

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			
886618		Harrison and Pike LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
RI		accessory. + fashion design.			
5. Principal Office Address		City		State	Zip
P.O Box 2502		Newport		RI	02840
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Tiffany Givens		Owner			
Street Address		City		State	Zip
18 Kilburn Ct.		Newport		RI	02840
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	
Tiffany Givens				5/10/16	
Signature of Authorized Person				SIGN DOCUMENT HERE	

FILED

MAY 10 2016

BY 275008