



**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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2016 MAY 25 AM 11:05

**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                              |                |       |           |
| 765714  |  | WALKERS Jewelers LLC  |                |       |           |
| 3. State of Formation   |  | 4. Brief description of the character of business conducted in Rhode Island |                |       |           |
| RI  |  | Retail Jewelry Store  |                |       |           |
| 5. Principal Office Address   |  |   | City           | State | Zip       |
| PO Box 293  |  |   | Cumberland     | RI    | 02864     |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |                |       |           |
| Contact Name  |  |   | Contact Title  |       |           |
| JUSTIN KOPKA  |  |   | OWNER          |       |           |
| Street Address  |  |   | City           | State | Zip       |
| PO Box 293  |  |   | Cumberland     | RI    | 02864     |
| 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      |
|   |  |   |                |       |           |
| Manager Name  |  |   | Manager Name   |       |           |
| Street Address  |  |   | Street Address |       |           |
| City  |  |   | State          | Zip   | City      |
|   |  |   |                |       |           |
| 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.  |  |   |                |       |           |
| <b>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.</b> |  |   |                |       |           |
| Name of Authorized Person   |  |   |                |       | Date      |
| JUSTIN KOPKA  |  |   |                |       | 5/25/2016 |
| Signature of Authorized Person  |  |   |                |       |           |
|    |  |   |                |       |           |

**FILED**

MAY 25 2016

By 275126  
A.A.