



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

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SECRETARY OF STATE
CORPORATIONS DIVISION
2016 MAY 27 PM 3:09

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			
937912		STRIPES LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
RI		DESIGN			
5. Principal Office Address		City	State	Zip	
151 ELTON ST.		PROVIDENCE	RI	02906	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
MARCO WO					
Street Address		City	State	Zip	
151 ELTON ST.		PROVIDENCE	RI	02906	
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 ☐					
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		
MARCO WO			5/27/16		
Signature of Authorized Person			SIGN DOCUMENT HERE		

FILED

MAY 27 2016

By KL 275431