



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

FILED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 JUL 19 AM 9:42

Annual Report for the year: 2015
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000 485268		2. Exact name of the Limited Liability Company A Little Lamb LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island To operate a retail business and any other related activities.			
5. Principal Office Address 33 College Hill Rd., # 15E			City Warwick	State RI	Zip 02886
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Mary B. Shekarchi, ESQ.			Contact Title Attorney		
Street Address 33 College Hill Rd., #15E			City Warwick	State RI	Zip 02886
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Gary B. Garabedian			Manager Name		
Street Address 245 Waterman Ave #404			Street Address		
City Providence	State RI	Zip 02904	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 <i>Mary B. Shekarchi</i> MARY B. Shekarchi				Date 7/12/16	
Signature of Authorized Person <i>Mary B. Shekarchi</i>				SIGN DOCUMENT HERE	

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JUL 19 2016

BY *CM 279347*
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MAIL TO:
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