RI SOS Filing Number: 201603350990 Date: 08/10/2016 10:31 AM

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

2016 AUG 10 A 10:27 CORPORATIONS STATE CORPORATIONS DIV

Annual Report for the year: 2016
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	2. Exact name of the Limited Liability Company		
99923	**Concealed Carry Clothiers**		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Rhode Island	**Clothing design and manufacturing**		
5. Principal Office Address	City	State	Zip
1080 Kingstown Road, Bldg 8 - Unit 201	**Wakefield**	**RI**	**02879-8317**

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Virginia Brewer	**Managing Partner**		
Street Address	City	State	Zip
P.O. Box 237	**Saunderstown**	**RI**	**02874-0237**

7. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
~~Virginia Brewer~~					
Street Address			Street Address		
~~1080 Kingstown Road, Bldge 8 - Unit 201~~					
City	State	Zip	City	State	Zip
~~Wakefield~~	~~RI~~	~~02879~~			
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
Virginia Brewer	**August 9, 2016**
Signature of Authorized Person	Virginia Brewer

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AUG 10 2016 10:31
BY 280966

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