



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

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.

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SECRETARY OF STATE
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1. Entity ID Number 99923		2. Exact name of the Limited Liability Company Concealed Carry Clothiers	
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Clothing design and manufacturing	
5. Principal Office Address 1080 Kingstown Road, Bldg 8 - Unit 201		City Wakefield	State RI
		Zip 02879-8317	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Virginia Brewer		Contact Title Managing Partner	
Street Address P.O. Box 237		City Saunderstown	State RI
		Zip 02874-0237	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name Virginia Brewer		Manager Name	
Street Address 1080 Kingstown Road, Bldg 8 - Unit 201		Street Address	
City Wakefield	State RI	City	State
Zip 02879		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Virginia Brewer		Date August 9, 2016	
Signature of Authorized Person <i>Virginia Brewer</i>		SIGN DOCUMENT HERE	

FILED

AUG 10 2016 10:30

BY 280966

MAIL TO:
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