

1. Entity ID No. 787698

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

'148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

2. Exact name of the limited liability company FLASHION STATEMENT LLC

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

5. Principal office address 105 WATERMAN AVE #105			EAST PROVIDENCE	State R I	Zip 02914
	LIMITED LIABILIT	Y COMPANY AND NAI	ME OR TITLE OF CONTACT PERSO)N:	
Contact Name ANDREA MILLER			Contact Title OWNER		
Street Address 105 WATERMAN AVE #105			City EAST PROVIDENCE	State RI	Zip 02914
LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACH	(NAMES AND ADD MENT) [RESSES) OF THE LIM	ITED LIABILITY COMPANY, IF APP	LICABLE - DO	NOT LIST MEMBERS
Manager Name ANDREA MILLER			Manager Name		
Street Address 33 GLEASON ST			Street Address		
CRASTON	State RI	Zip 02910	City	State	Zip
anager Name	Western Wester		Manager Name		
Street Address			Street Address		
ity	State	Zip	City	State	Zip
	HODE ISLAND				
RESIDENT AGENT IN RI					
	tly of record in the	Office of the Secretar	ry of State. Changes require filing I	Form 642.	
RESIDENT AGENT IN RI	tly of record in the	FILE	E D		
		FILE AUG 72	.D 2016	FILE	
		FILE	D 2016	FILE	۶ <u>ر</u>
his information is curren		FILE AUG 72	Under penalty of pariury, I this report, included any a and that all statements core	FILE	ं। iirm that I have examined schedules and statemen
his information is curren		FILE AUG 72	2016 Under penalty of perjury, I this report, included any a	FILE AUG declare and afficeompanying trained herein and the second and the seco	ांrm that I have examined schedules and statemen

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

FOR SECRETARY OF STATE USE ONLY