RI SOS Filing Number: 201604075540 Date: 08/29/2016 4:00 PM

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

**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 |
|---|---|
| **000786364** | **5 NARRAGANSETT LLC** |
| 3. NAICS Code 44-45 | 4. Brief description of the character of business conducted in Rhode Island **RETAIL SALES** |
| 5. State of Formation **RI** | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| **3 EXCALIBUR DRIVE** | **WEST KINGSTON** | **RI** | **02892** |

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

| Contact Name | Contact Title | | |
|---|---|---|---|
| **SCOTT SHERMAN** | | | |
| Street Address **3 EXCALIBUR DRIVE** | City **WEST KINGSTON** | State **RI** | Zip **02892** |

8. 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 ☐

9. Resident Agent in Rhode Island. This information is currently of record with 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 |
|---|---|
| Scott Sherman | 8/26/16 |
| Signature of Authorized Person SIGN DOCUMENT HERE | |

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

**FILED**
AUG 29 2016
BY DS

141311-1-1077581

FORM 632 - Revised: 08/2016