	State of Rhode Island and Providence Plantations	5 Fee: \$50
	Office of the Secretary of State	2000 400
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
imited Liability	y Company	
Innual Report		
iling Period: Septe	ember 1 - November 1	
	R.I.G.L. 7-16-66(d), each limited liability company failing or refusing	
	port within thirty (30) days after the time prescribed by law (R.I.G.L. 7- ect to a penalty fee of \$25.00.	
ANNUAL REPORT	YEAR: <u>2016</u>	
I. ID No. <u>000</u>	0871679	
2. Exact Name of	f the Limited Liability Company Alloy Holdings, LLC	
3. State of Forma	ation	
State: DE		
	ARTICLE III	
Using the following	ARTICLE III g NAICS codes, please select the code that best describes your busines	SS.
	g NAICS codes, please select the code that best describes your busines	
Using the following	g NAICS codes, please select the code that best describes your busines	ss. <u>31-33</u>
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NAICS Code 4. Brief Description JEWELRY MAN 5. Principal Office No. and Street: City or Town: 6. Mailing Addres	g NAICS codes, please select the code that best describes your busines Solution of the Character of the Business Which is Actually Conducted in NUFACTURER AND MILL PRODUCTS e Address <u>160 NIANTIC AVENUE</u> <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02907</u>	<u>31-33</u> in Rhode Island Country: <u>USA</u>
NAICS Code 4. Brief Description <u>IEWELRY MAN</u> 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: <u>N</u>	a NAICS codes, please select the code that best describes your busines Solution Solu	<u>31-33</u> in Rhode Island Country: <u>USA</u>
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NAICS Code 4. Brief Description JEWELRY MAN 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: <u>No. and Street:</u> City or Town:	g NAICS codes, please select the code that best describes your busines 6 16 16 16 16 16 16 16 16 16 16 16 16 16 16 17 18 19 10 10 10 11 11 12 13 14 14 15	<u>31-33</u> in Rhode Island Country: <u>USA</u> son: Country: <u>USA</u>
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 16 Day of September, 2016 at 2:01:24 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>MARC BACON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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