	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615 (401) 222-3040	
HOPE		
imited Liability Co Innual Report	ompany	
iling Period: September	1 - November 1	
accordance with R.I.G.	.L. 7-16-66(d), each limited liability company failing or refusing	
file its annual report wi	ithin thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
6-66(b&c)) is subject to	a penalty fee of \$25.00.	
ANNUAL REPORT YEA	R : <u>2016</u>	
I. ID No. <u>0007883</u>	350	
2. Exact Name of the	Limited Liability Company GOODS-TO-GO LLC	
3. State of Formation		
State: <u>MA</u>		
	ARTICLE III	
Using the following NAIC	ARTICLE III CS codes, please select the code that best describes your business.	
Using the following NAIC		
NAICS Code	CS codes, please select the code that best describes your business.	nde Island
NAICS Code	CS codes, please select the code that best describes your business.	ode Island
NAICS Code 4. Brief Description of	CS codes, please select the code that best describes your business.	ode Island
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NAICS Code 4. Brief Description of <u>PROVIDING REMOV</u> 5. Principal Office Add	CS codes, please select the code that best describes your business. 6 81 the Character of the Business Which is Actually Conducted in Rho VAL AND RESALE OF USED HOME GOODS	ode Island
NAICS Code 4. Brief Description of PROVIDING REMOV 5. Principal Office Add No. and Street: 238	CS codes, please select the code that best describes your business. 6 81 the Character of the Business Which is Actually Conducted in Rho VAL AND RESALE OF USED HOME GOODS Iress 86 PLEASANT STREET	ode Island
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NAICS Code 4. Brief Description of PROVIDING REMOV 5. Principal Office Add No. and Street: 238 City or Town: DIC 6. Mailing Address of I	CS codes, please select the code that best describes your business. 6 81 the Character of the Business Which is Actually Conducted in Rho VAL AND RESALE OF USED HOME GOODS Iress 86 PLEASANT STREET GHTON State: MA Zip: 02715 Count Limited Liability Company and Name or Title of Contact Person:	
NAICS Code 4. Brief Description of PROVIDING REMOVE 5. Principal Office Add No. and Street: 238 City or Town: DIC 6. Mailing Address of I Contact Name: FRANZ	CS codes, please select the code that best describes your business. 81 the Character of the Business Which is Actually Conducted in Rho VAL AND RESALE OF USED HOME GOODS Iress 86 PLEASANT STREET GHTON State: MA Zip: 02715 Court Limited Liability Company and Name or Title of Contact Person: Z KUCHENBAUR Contact Title:	
NAICS Code 4. Brief Description of PROVIDING REMOV 5. Principal Office Add No. and Street: 238 City or Town: DIC 6. Mailing Address of I Contact Name: FRANZ No. and Street: 32	CS codes, please select the code that best describes your business. 6 81 the Character of the Business Which is Actually Conducted in Rho VAL AND RESALE OF USED HOME GOODS Iress 86 PLEASANT STREET GHTON State: MA Zip: 02715 Count Limited Liability Company and Name or Title of Contact Person:	ntry: <u>USA</u>
NAICS Code 4. Brief Description of PROVIDING REMOV 5. Principal Office Add No. and Street: 238 City or Town: DIC 6. Mailing Address of I Contact Name: FRANZ No. and Street: 37 City or Town: B	CS codes, please select the code that best describes your business. 6 81 the Character of the Business Which is Actually Conducted in Rho VAL AND RESALE OF USED HOME GOODS Iress 86 PLEASANT STREET GHTON State: MA Limited Liability Company and Name or Title of Contact Person: Z KUCHENBAUR Contact Title: 1 ANTHONY RD. ARRINGTON State: RI Zip: 02806 Country	ntry: <u>USA</u>
NAICS Code 4. Brief Description of PROVIDING REMOVE 5. Principal Office Add No. and Street: 238 City or Town: DIC 6. Mailing Address of I Contact Name: FRANZ No. and Street: 37 City or Town: B	CS codes, please select the code that best describes your business. 6 81 1 1 1 1 1 1 1 1	ntry: <u>USA</u>
NAICS Code 4. Brief Description of PROVIDING REMOV 5. Principal Office Add No. and Street: 238 City or Town: DIC 6. Mailing Address of I Contact Name: FRANZ No. and Street: 3' City or Town: B' No. and Street: 3' City or Town: B' No. and Street: 3' City or Town: B' 7. Name and Address 1	CS codes, please select the code that best describes your business. 6 81 1 1 1 1 1 1 1 1	ntry: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

FRANZ KUCHEBAUR <u>31 ANTHONY ROAD</u> BARRINGTON, <u>RI</u> <u>02806</u>

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

Signed this 21 Day of September, 2016 at 8:08:30 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 FRANZ KUCHENBAUR

Signature of Authorized Person

Form No. 632 Revised 09/07

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