

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	···			<u> </u>	
1. Entity ID Number	2. Exact name of the Limited Liability Company					
000797921	Ken	Kent Stetson Handbags, LLC				
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
1 % (		1	1 1 1 11 1/			
5. State of Formation	7 Ve	signer 1	tandmade Handbo	195		
RE		J		<i>J</i> '		
6. Principal Office Address			Cjty ,	State	Zip	
92 Sharon St.			Providence	RI	02908	
7. Mailing Address of Limited L	iability Comp	any and Name o	r Title of Contact Person			
Contact Name  1 A P M t Shotson			Contact Title			
Street Address			City	State	Zip _	
92 Shavon St.			Providence	I RI	02908	
8. List ALL managers (names	and addresse	s) 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	
···			(	Theck the box to	indicate an attachment	
9. Resident Agent in Rhode Island	and. This inforr	mation is currently	of record with the Department of State. (	Changes require fili	ng Form 642.	
			examined this report, including a	ny accompanyir	ng schedules and	
statements, and that all state	ements conta	ined herein are	true and correct.	<u> </u>		
Name of Authorized Person			Date	7 7011		
Kent Stetson 9-27-2016						
Signature of Authorized Persor	1	SIGN	DOCUMENT HERE			
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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** 

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FORM 632 - Revised: 08/2016