

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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
994367	STELLA SELECTIONS, LLC						
3. NAICS Code 42	Brief description of the character of business conducted in Rhode Island Wholesaler						
5. State of Formation]						
RI				<u> </u>			
6. Principal Office Address			City	State	Zip		
58 THAMES STREET			NEWPORT	RI	02870		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name John Thorsen			Contact Title President				
Street Address SB THAMES STREET			City NEWPORT	State R 1	Zip 02840		
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		
			Ch	eck the box to indi	cate 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 G /	: /1/					
John Thorsen, ∯resident							
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 11:51 FILED

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FORM 532 - Revised: 09/2016