Department of State - Business Services Division	
Annual Report for the year: 2017 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 001661688	ľ	Exact name of the Limited Liability Company     Just B-Cause LLC					
3. NAICS Code 42 - Wholesale Trade		Brief description of the character of business conducted in Rhode Island     Retail / Wholesale sales					
5. State of Formation Rhode Island							
6. Principal Office Address 34 Young Street			City Newport	State RI	Zip 02840		
7. Mailing Address of Limite	ed Liability Comp	any and Name o		<u> </u>			
Contact Name Christine Eagan			Contact Title President	Contact Title President			
Street Address 34 Young Street			City Newport	State RI	<sup>Zip</sup> 02840		
8. List ALL managers (nam	nes and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
		<b>i</b>		Check the box to	indicate an attachment		
9. Resident Agent in Rhode	Island. This inforr	nation is currently	of record with the Department of S	tate. Changes require fili	ng Form 642.		
Under penalty of perjury, statements, and that all s			examined this report, includi true and correct.	ing any accompanyin	g schedules and		
Name of Authorized Person				Date	Date		
Christine Eagan				Septen	September 26, 2016		
Signature of Authorized Per	rson			•			

## 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 6/ OCT 0 5 2016

