



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. ID No.** 001084156

**2. Exact Name of the Limited Liability Company** Pacific Sales Kitchen and Bath Centers, LLC

**3. State of Formation**

State: CA

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code  81

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

RETAIL ELECTRONICS. OPERATES PACIFIC SALES STORES AND RELATED OPERATIONS, EXCEPT THE PACIFIC SALES SERVICE CENTER. EMPLOY PACIFIC SALES PERSONNEL.

**5. Principal Office Address**

No. and Street: 7601 PENN AVENUE S.

City or Town: RICHFIELD

State: MN

Zip: 55423

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 7601 PENN AVENUE S.

City or Town: RICHFIELD

State: MN

Zip: 55423

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	TODD G. HARTMAN	7601 PENN AVENUE S.

		RICHFIELD, MN 55423 USA
MANAGER	MATHEW WATSON	7601 PENN AVENUE S. RICHFIELD, MN 55423 USA
MANAGER	FLAVIO COSTA	7601 PENN AVENUE S. RICHFIELD, MN 55423 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 7 Day of October, 2016 at 12:46:07 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 MANDELINE HENDRICKS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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