State of Rhode Island and Pro <b>Department of State</b> -	vidence Plantations Business Services Division		
 I D 4 5 4h	2016		

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.

Entity ID Number 2. Exact name of the Limited Liability Company								
358541	Once Upon a Dream, LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
44-45 - Retail Trade	operate bool	store and gift sh	ор					
5. State of Formation								
6. Principal Office Address	<u> </u>		City	State	Zip			
1080 Main Street			Pawtucket	RI	02860			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Stephen J. Shech	tman		Contact Title attorney					
Street Address 1080 Main Street			City Pawtucket	State RI	<sup>Zip</sup> 02860			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name none			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			
				Check the box to in	dicate 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							
Stephen J. Shechtman	101	10/19/16						
Signature of Authorizable 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

OCT 2 1 2016