Carrie Citizani

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.

164136 Erika Hanson, LLC	1. Entity ID Number	2 Event P	ama of the Limit	ad Linkilik O			
3. NAICS Code 81 - Other Services (except PL 5. State of Formation Rhode Island 6. Principal Office Address PO Box 487 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Erika Hanson Street Address PO Box 487 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address City State Zip Check the box to indicate 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 eccompanying schedules and statements contained herein are true and correct. Name of Authorized Person Erika Hanson Signature Mauthorized Person Signature Mauthorized Person Erika Hanson	-			ed Liability Company			
81 - Other Services (except Pt 5. State of Formation Rhode Island 6. Principal Office Address PO Box 487 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Erika Hanson Street Address PO Box 487 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Street Address City Albion State Zip 02802 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip Check the box to indicate an attachment 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 City Albion State Zip Check the box to indicate an attachment 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 Signature of Authorized Person	104130	Frika Hanson, LLC					
5. State of Formation Rhode Island 6. Principal Office Address PO Box 487 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Erika Hanson Street Address PO Box 487 City Albion State RI Zip 02802 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip Check the box to indicate 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 contained herein are true and correct. Name of Authorized Person Erika Hanson Signature of Authorized Person Erika Hanson Signature of Authorized Person Erika Hanson	3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island 6. Principal Office Address PO Box 487 City Albion RI 02802 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Erika Hanson Street Address PO Box 487 City Albion State RI Zip 02802 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Check the box to indicate 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 Erika Hanson Signature of Authorized Person Erika Hanson	81 - Other Services (except Pเ	Product Design					
City Albion State Zip 02802 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Erika Hanson Street Address PO Box 487 City Albion State RI Zip 02802 2	5. State of Formation	1					
PO Box 487 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Erika Hanson Street Address PO Box 487 City Albion State RI Zip 02802 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address City State Zip City State Zip City Manager Name Street Address City State Zip City State Zip City State Zip Check the box to indicate 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 eccompanying schedules and statements, and that all statements contained herein are true and correct. Name of Authorized Person Filia Hanson Signature of Authorized Person	Rhode Island						
PO Box 487 Albion RI 02802 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Erika Hanson Street Address PO Box 487 City Albion State RI Zip 02802 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Street Address City State Zip City State Zip City Manager Name Street Address City State Zip Check the box to indicate 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 Erika Hanson Signature of Authorized Person	6. Principal Office Address	City			State	Zip	
Contact Name Erika Hanson Street Address PO Box 487 City Albion State RI Zip 02802 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address City State Zip Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filling 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 Erika Hanson Signature of Authorized Person Erika Hanson	PO Box 487			Albion	RI	1 '	
Street Address PO Box 487 City Albion State RI Zip 02802 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address City State Zip Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filling 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 Erika Hanson City Albion State RI Zip City State Zip Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filling 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. Signature of Authorized Person Erika Hanson	7. Mailing Address of Limited Lia	bility Compa	ny and Name o				
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Street Address City State Zip City State Zip Manager Name Street Address Street Address City State Zip City State Zip Check the box to indicate 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 Erika Hanson Signature of Authorized Person			Contact Title member	Contact Title member			
Manager Name Street Address City State Zip City Manager Name Manager Name Manager Name Manager Name Manager Name Street Address Street Address City State Zip City State Zip City State Zip Check the box to indicate 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 Erika Hanson Manager Name Man	Street Address PO Box 487			City Albion	State RI	^{Zip} 02802	
Street Address City State Zip City Manager Name Manager Name Street Address Street Address City State Zip City State Zip City State Zip City State Zip Check the box to indicate 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 Erika Hanson Signature of Authorized Person Signature of Authorized Person	8. List ALL managers (names ar	id addresses	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST N	IEMBERS	
City State Zip City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Check the box to indicate 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 Erika Hanson Signature of Authorized Person Signature of Authorized Person	Manager Name	Manager Name					
Manager Name Street Address Street Address City State Zip Check the box to indicate 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 Erika Hanson Manager Name City State Zip Check the box to indicate 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 10/17/16	Street Address			Street Address	Street Address		
Street Address City State Zip City State Zip Check the box to indicate 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 Erika Hanson Date 10/17/16	City	State	Žip	City	State	Zip	
City State Zip Check the box to indicate 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 Erika Hanson Date 10/17/16	Manager Name			Manager Name			
Check the box to indicate 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 Erika Hanson Signature of Authorized Person	Street Address			Street Address			
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	City	State	Zip	City	State	Zip	
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 Contained Person Date					Check the box to in	dicate an attachment	
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 Erika Hanson Signature of Authorized Person	9. Resident Agent in Rhode Island	d. This inform	ation is currently o	of record with the Department of S			
Name of Authorized Person Erika Hanson Signature of Authorized Person Date 10/17/16	Under penalty of perjury, I deci-	are and affi	rm that I have e	examined this report, includ			
Signature of Authorized Person					Date		
		m	201 (38-1				

FILED

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 24 2016 By