

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2016 Limited Liability Company

2016 OCT 31 AM 9: 36

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→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

|  | T   |                |                          |              |                      |  |
|--|---|----------------|--------------------------|--------------|----------------------|--|
| Entity ID Number   | 2. Exact name of the Limited Liability Company                              |                |                          |              |                      |  |
| 000505971  | EMELY PARTY STORE & BAKERY LLC  |                |                          |              |                      |  |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |                |                          |              |                      |  |
|  | PARTY SUPPLIES ACCESSORIES AND BAKERY                                       |                |                          |              |                      |  |
| 5. State of Formation  | 1   |                |                          |              |                      |  |
| RHOD ISLAND  |   |                |                          |              |                      |  |
| 6. Principal Office Address  |   |                | City                     | State        | Zip                  |  |
| 880 BROAD STREET   |   |                | PROVIDENCE               | RI           | 02907                |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |                |                          |              |                      |  |
| Contact Name EUFROSINA PACHECO   |   |                | Contact Title ACCOUNTANT |              |                      |  |
| Street Address 162 BROAD 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 Jums Rodorw   |   |                | Manager Name             |              |                      |  |
| Street Address 123 Beckwith ST   |   |                | Street Address           |              |                      |  |
| City brouten   | State   | Zip<br>003\$€0 | City                     | State        | Zip                  |  |
| Manager Name   |   |                | 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  |   |                |                          | Date / O / c | Date 10/27/16        |  |
| Signature of Authorized Person   |   |                |                          |              |                      |  |
| FII EDC-   |   |                |                          |              |                      |  |

MAIL TO:

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