



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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2016 NOV -2 AM 9: 49

**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.

1. Entity ID Number <b>001659051</b>		2. Exact name of the Limited Liability Company <b>Gordon Brothers Group, LLC</b>	
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island <b>TO ACT DIRECTLY OR INDIRECTLY THROUGH OTHER ENTITIES, IN THE BUSINESS OF OPERATING, MANAGING, LICENSING, FRANCHISING AND/OR DEVELOPING THE CONDUCTING OF RETAIL STORE CLOSING SALES, INVENTORY AND RELATED ACTIVITIES</b>	
5. State of Formation <b>Delaware</b>			
6. Principal Office Address <b>Prudential Tower, 800 Boylston Street, 27th Floor</b>		City <b>BOSTON</b>	State <b>MA</b>
		Zip <b>02199</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Michael D. Chartock</b>		Contact Title <b>General Counsel</b>	
Street Address <b>Prudential Tower, 800 Boylston St., 27th Floor</b>		City <b>Boston</b>	State <b>MA</b>
		Zip <b>02199</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>Michael G. Frieze</b>		Manager Name <b>Kenneth S. Frieze</b>	
Street Address <b>Prudential Tower, 800 Boylston St., 27th Floor</b>		Street Address <b>Prudential Tower, 800 Boylston St., 27th Floor</b>	
City <b>Boston</b>	State <b>MA</b>	City <b>Boston</b>	State <b>MA</b>
Zip <b>02199</b>		Zip <b>02199</b>	
Manager Name <b>Robert C. Sager</b>		Manager Name	
Street Address <b>Prudential Tower, 800 Boylston St., 27th Floor</b>		Street Address	
City <b>Boston</b>	State <b>MA</b>	City	State
Zip <b>02199</b>		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
<b>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.</b>			
Name of Authorized Person <b>MICHAEL G. FRIEZE</b>		Date <b>11/1/16</b>	
Signature of Authorized Person 			

**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**

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By