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.					RECEIVED RECEIVED STA BUS SVCS DIV
1. Entity ID Number	2. Exact name of the Limited Liability Company				on m
79523/	ITFIGURZ, LLC				<u> </u>
3. NAICS Code S 5. State of Formation RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island GIFTWARE SALES				
6. Principal Office Address 155 VINTON AVENUE			CITY	State	Zip 02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name LINDA J.	CiccHELL	ı j	Contact Title MANAGER		
Street Address 155 VINTON AVENUE			City CRANSTON	State	Zip 02920
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name LINDA J.	CICCHELL	j	Manager Name		
Street Address 155 VINTON AVENUE			Street Address		
City CRANSTON	State	Zip 02920	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box					licate 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 LINDA J. CICCHELLI Date					6/16
Signature of Authorized Person Way Culli					
- 					

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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FORM 632 - Revised: 08/2016