



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

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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 98666		2. Exact name of the Limited Liability Company SPECIALTY MERCHANDISE, LLC			
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island SALE OF SPECIALTY MERCHANDISE			
5. State of Formation RI					
6. Principal Office Address 2 ASYLUM ROAD		City NORTH PROVIDENCE		State RI	Zip 02904
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name D. JOSEPH D'AMICO			Contact Title ATTORNEY		
Street Address 728 VALLEY STREET			City PROVIDENCE	State RI	Zip 02908
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			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 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.					
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 Anthony Caccia				Date 12-19-2016	
Signature of Authorized Person Anthony Caccia				SIGN DOCUMENT HERE	

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

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