s	tate of Rhode Island and Pro	
	Office of the Secreta Division Of Business	-
	148 W. River St	
	Providence RI 0290	
HOPE	(401) 222-304	40
Limited Liability Com	pany	
Annual Report Filing Period: September 1	- November 1	
In accordance with R.I.G.L.	7-16-66(d), each limited liability comp	pany failing or refusing
to file its annual report with	in thirty (30) days after the time presc	
16-66(b&c)) is subject to a	penalty fee of \$25.00.	
ANNUAL REPORT YEAR:	<u>2017</u>	
1. ID No. <u>00016223</u>	<u>)</u>	
2. Exact Name of the Li	mited Liability Company <u>SIMPLI</u>	FY S.T.A., LLC
3. State of Formation		
State: <u>DE</u>		
	ARTICLE III	
Using the following NAICS	codes, please select the code that b	est describes your business.
NAICS Code		6 44-45
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Island
RETAIL SALES OF CO	ONSIGNMENT CLOTHES AND	ACCESSORIES
5. Principal Office Addre	SS	
•		
	<u>THAYER STREET</u> <u>DVIDENCE</u> State:	<u>RI</u> Zip: <u>02903</u> Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:
Contact Name: ROBER	SERINO Contact Title: CONTROL	LER
No. and Street: 560 HA	RRISON AVE, SUITE 501	
City or Town: BOSTC		State: MA Zip: 02118 Country: USA
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab RS	ility Company, if Applicable.
Title	Individual Name	Address
MANAGED	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	MICHAEL SWACKHAMER	560 HARRISON AVE, SUITE 501 BOSTON, MA 02118 USA
MANAGER	ROBERT SERINO-CONTROLLER	560 HARRISON AVE, SUITE 501 BOSTON, MA 02118 USA

MANAGER	
---------	--

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

EMERALD GRAVEL 294 THAYER STREET PROVIDENCE, RI 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

## Signed this 3 Day of April, 2017 at 12:15:14 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

## By MICHAEL SWACKHAMER

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved