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State of Rhode Island and Providence Plantations

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

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

Annual Report for the year: 2014
Limited Liability Company

2017 JUL 21 PM 12: 12

→ 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	2. Exact name	of the Limited Lia	ability Company		
000152928	IMPACT CUSTOM APPAREL, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
31-33 - Manufacturing	CUSTOM APPAREL AND PROMOTIONAL PRODUCTS				
5. State of Formation	1				
RHODE ISLAND					
6. Principal Office Address	<u> </u>		City	State	Zip
30 INDUSTRIAL ROAD			CUMBERLAND	RI	02864
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JOHN DEDONATO			Contact Title OWNER		
Street Address 30 INDUSTRIAL ROAD			City CUMBERLAND	State RI	<sup>Zip</sup> 02864
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	Żip
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					1
JOHN DEDONATO					10
Signature of Authorized Person					
				12:14	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 JUL **21** 2017

BY 308719

FORM 632 - Revised: 02/2017