RI SOS Filing Number: 201750062070 Date: 9/18/2017 4:00:00 PM

(FR)
Tunne V

State of Rhode Island and Providence Plantations

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

Annual Report for the year: \_2017 **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>001669345</b>	2. Exact name of the Limited Liability Company  QS WHOLESALE, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
424330	WHOLESALE SALES OF CLOTHING AND RELATED ACCESSORIES					
5. State of Formation						
CA						
6. Principal Office Address			City	State	Zip	
5600 ARGOSY AVENUE SUITE 100			HUNTINGTON BEACH	CA	92649	
7. Mailing Address of Limited Lia	bility Company	and Name or Tit	le of Contact Person			
Contact Name JEANINE PULLEY			Contact Title TAX MANAGER			
Street Address 5600 ARGOSY AVENUE SUITE 100			City HUNTINGTON BEACH	State CA	<sup>Zip</sup> 92649	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name GREG HEALY			Manager Name TOM CASARELLA			
Street Address 5600 ARGOSY AVENUE SUITE 100			Street Address 5600 ARGOSY AVENUE SUITE 100			
City HUNTINGTON BEACH	State CA	<sup>Zip</sup> 92649	City HUNTINGTON BEACH	State CA	<sup>Zip</sup> 92649	
Manager Name DAVID TANNER			Manager Name MATT WILSON			
Street Address 5600 ARGOSY AVENUE SUITE 100			Street Address 5600 ARGOSY AVENUE SUITE 100			
City HUNTINGTON BEACH	State CA	<sup>Zip</sup> <b>92649</b>	City HUNTINGTON BEACH	State CA	<sup>Zip</sup> 92649	
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	
SCOTT FULLERTON, SR. V.P. OF GLOBAL TAX				9/1	3/2017	
Signature of Authorized Person SIDENTOCHMENT HERE						

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**SEP 1 8 2017

FORM 632 - Revised: 08/2017