



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 <u>001659234</u>		2. Exact name of the Limited Liability Company <u>FIRESIDE, LLC</u>			
3. NAICS Code <u>531120</u>		4. Brief description of the character of business conducted in Rhode Island <u>RENTAL OF A WAREHOUSE</u>			
5. State of Formation <u>RHODE ISLAND</u>					
6. Principal Office Address <u>14 QUINCY ST.</u>		City <u>SHARON</u>	State <u>MA</u>	Zip <u>02067</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>MICHAELA SMITH LABRIE</u>		Contact Title <u>OWNER</u>			
Street Address <u>14 QUINCY ST.</u>		City <u>SHARON</u>	State <u>MA</u>	Zip <u>02067</u>	
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	City	State	Zip	
Mar		Manager Name			
Street Address		Street Address			
City	State	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 <u>MICHAEL J. PERNA ACCOUNTANT</u>				Date <u>9/19/2017</u>	
Signature of Authorized Person <u>Michael J. Perna</u>					

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 20 2017
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