RI SOS Filing Number: 201750440940 Date: 9/25/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STABP

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 515214 | | 2. Exact name of the Limited Liability Company | | | | |
|------------------------------------|---------------------|--|-------------------------------------|----------------------------|------------------------|--|
| | | Carriage Lane Furniture, LLC | | | | |
| 3. NAICS Code | | Brief description of the character of business conducted in Rhode Island Furniture Store | | | | |
| 442299 | Furniture | | | | | |
| 5. State of Formation | | | | | | |
| Rhode Island | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 546B Putnam Pike | | | Greenville | RI | C2828 | |
| 7. Mailing Address of Limited | Liability Compa | ny and Name o | | | | |
| Contact Name Richard F. Masterson | | | Contact Title Member | | | |
| Street Address 360 Fairview Avenue | | | City Coventry | State RI | ^{Zip} 02816 | |
| 8. List ALL managers (name | s and addresse: | s) of the Limited | Liability Company, IF APPLICA | BLE - DO NOT LIST | MEMBERS | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Žip | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| | | <u> </u> | | Check the box to | indicate an attachment | |
| 9. Resident Agent in Rhode I | Island. This inform | nation is currently | of record with the Department of St | tate. Changes require fili | ng Form 642. | |
| | declare and aff | irm that I have | examined this report, including | | | |
| Name of Authorized Person | | | | Date | 1// 14 | |
| Richard F. Masterson | | | | 9 | -14-17 | |
| Signature of Authorized Pers | Sicha | nd FM | Mactaponese | | | |

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 2 5 2017 O