|                                                                       | State of Rhode Island and Providence Plantations                                                                                                                           | Fee: \$50.( |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|                                                                       | Division Of Business Services                                                                                                                                              |             |
|                                                                       | 148 W. River Street                                                                                                                                                        |             |
|                                                                       | Providence RI 02904-2615                                                                                                                                                   |             |
| HOPE                                                                  | (401) 222-3040                                                                                                                                                             |             |
| Limited Liabilit<br>Annual Report                                     |                                                                                                                                                                            |             |
|                                                                       | R.I.G.L. 7-16-66(d), each limited liability company failing or refusing                                                                                                    |             |
| o file its annual rep                                                 | port within thirty (30) days after the time prescribed by law (R.I.G.L. 7-<br>ject to a penalty fee of \$25.00.                                                            |             |
| ANNUAL REPOR                                                          | T YEAR: <u>2017</u>                                                                                                                                                        |             |
| 1. ID No. <u>00</u>                                                   | 1664978                                                                                                                                                                    |             |
| 2. Exact Name c                                                       | of the Limited Liability Company <u>JLS FASHION BOUTIQUE LLC</u>                                                                                                           |             |
| 3. State of Form                                                      | ation                                                                                                                                                                      |             |
| State: <u>RI</u>                                                      |                                                                                                                                                                            |             |
|                                                                       |                                                                                                                                                                            |             |
| <u>448120</u>                                                         | ere. More information on <u>NAICS</u> can be found online.                                                                                                                 |             |
| 4. Brief Descripti                                                    | ion of the Character of the Business Which is Actually Conducted in Rhode                                                                                                  | Island      |
|                                                                       | DOUTIONE I.I.C. DDA DODOTHY WILLIAMS IS A WOMEN'S EASU                                                                                                                     |             |
| RETAIL BOUTI                                                          | <u>BOUTIQUE, LLC DBA DOROTHY WILLIAMS, IS A WOMEN'S FASHI</u><br>IOUE.                                                                                                     | IUN         |
| WE SELL                                                               |                                                                                                                                                                            |             |
|                                                                       | OTHING AND SOME ACCESSORIES AT RETAIL. OUR ONLY LOCAT                                                                                                                      | FION IS     |
| <u>AT 200</u><br>WAYLAND AV                                           | VENILIE                                                                                                                                                                    |             |
| PROVIDENCE,                                                           |                                                                                                                                                                            |             |
| 5. Principal Offic                                                    |                                                                                                                                                                            |             |
|                                                                       | e Address                                                                                                                                                                  |             |
| -                                                                     |                                                                                                                                                                            |             |
| No. and Street:                                                       | <u>200 WAYLAND AVENUE</u><br><u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02906</u> Country:                                                                                 | <u>USA</u>  |
| No. and Street:<br>City or Town:                                      | 200 WAYLAND AVENUE                                                                                                                                                         | <u>USA</u>  |
| No. and Street:<br>City or Town:<br>6. Mailing Addre<br>Contact Name: | 200 WAYLAND AVENUE   PROVIDENCE State: RI Zip: 02906 Country:   ss of Limited Liability Company and Name or Title of Contact Person:   JENNA STOCKMAN Contact Title: OWNER | <u>USA</u>  |
| No. and Street:<br>City or Town:<br>6. Mailing Addre                  | 200 WAYLAND AVENUE<br>PROVIDENCEState: RIZip: 02906Country:ss of Limited Liability Company and Name or Title of Contact Person:                                            |             |

| Ti | itl | е |
|----|-----|---|
|----|-----|---|

Individual Name First, Middle, Last, Suffix Address

Address, City or Town, State, Zip Code, Country

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

JENNA STOCKMAN 200 WAYLAND AVENUE 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 6 Day of October, 2017 at 12:52:47 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 JENNA L STOCKMAN Signature of Authorized Person

Form No. 632 Revised 09/07

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