	State of Rhode Island and Pro Office of the Secreta		ions Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	reet	
HOPE	(401) 222-304		
Limited Liability Con Annual Report Filing Period: September			
	7-16-66(d), each limited liability comp nin thirty (30) days after the time prescu penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2017</u>		
1. ID No. <u>00017152</u>	2.5		
2. Exact Name of the L	imited Liability Company <u>HAPPY</u>	NEX, LLC	
3. State of Formation			
State: <u>RI</u>			
Enter the six digit NAICS	ARTICLE III Code that best describes the primary	ousiness conducted t	by the entity. Download
6			by the entity. Download
the list of codes <u>here.</u> Mo <u>339992</u>	Code that best describes the primary	online.	
the list of codes <u>here.</u> Mo <u>339992</u> 4. Brief Description of t	Code that best describes the primary re information on <u>NAICS</u> can be found he Character of the Business Which	online. is Actually Conduc	cted in Rhode Island
the list of codes <u>here.</u> Mo <u>339992</u> 4. Brief Description of the <u>THE MANUFACTURE</u> <u>PATENTED</u>	Code that best describes the primary re information on <u>NAICS</u> can be found he Character of the Business Which ER AND WHOLESALE/RETAIL S <u>SUPPORT SLING.</u>	online. is Actually Conduc	cted in Rhode Island
the list of codes <u>here.</u> Mo <u>339992</u> 4. Brief Description of t <u>THE MANUFACTURE</u> <u>PATENTED</u> <u>VIOLIN AND VIOLA</u> 5. Principal Office Addr No. and Street: <u>83</u>	Code that best describes the primary re information on <u>NAICS</u> can be found he Character of the Business Which ER AND WHOLESALE/RETAIL S <u>SUPPORT SLING.</u>	online. is Actually Conduc	cted in Rhode Island
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the list of codes <u>here.</u> Mo <u>339992</u> 4. Brief Description of t <u>THE MANUFACTURE</u> <u>PATENTED</u> <u>VIOLIN AND VIOLA</u> 5. Principal Office Addre No. and Street: <u>83</u> City or Town: <u>B</u> 6. Mailing Address of L Contact Name: <u>KAREN</u>	Code that best describes the primary re information on <u>NAICS</u> can be found the Character of the Business Which ER AND WHOLESALE/RETAIL S <u>SUPPORT SLING.</u> ess <u>S STATE STREET</u> <u>RISTOL</u> imited Liability Company and Name <u>A. RINGERIDE</u> Contact Title: <u>OWN</u>	online. is Actually Conduct UPPLIER OF THE Zip: 02809 or Title of Contact	cted in Rhode Island ORIGINAL Country: <u>USA</u>
the list of codes <u>here.</u> Mo <u>339992</u> 4. Brief Description of t <u>THE MANUFACTURE</u> <u>PATENTED</u> <u>VIOLIN AND VIOLA</u> 5. Principal Office Addr No. and Street: <u>83</u> City or Town: <u>Bl</u> 6. Mailing Address of L Contact Name: <u>KAREN</u> No. and Street: <u>83</u>	Code that best describes the primary re information on NAICS can be found he Character of the Business Which ER AND WHOLESALE/RETAIL S SUPPORT SLING. ess S STATE STREET RISTOL State: RI imited Liability Company and Name	online. is Actually Conduc <u>UPPLIER OF THE</u> Zip: <u>02809</u> or Title of Contact <u>ER</u>	cted in Rhode Island ORIGINAL Country: <u>USA</u>
the list of codes <u>here.</u> Mo <u>339992</u> 4. Brief Description of t <u>THE MANUFACTURE</u> <u>PATENTED</u> <u>VIOLIN AND VIOLA</u> 5. Principal Office Addre No. and Street: <u>83</u> City or Town: <u>B1</u> 6. Mailing Address of L Contact Name: <u>KAREN</u> No. and Street: <u>83</u> City or Town: <u>BR</u>	Code that best describes the primary re information on <u>NAICS</u> can be found the Character of the Business Which ER AND WHOLESALE/RETAIL S <u>SUPPORT SLING.</u> ess <u>STATE STREET</u> <u>RISTOL</u> State: <u>RISTOL</u> State: <u>RISTOL</u> State: <u>OWN</u> <u>STATE STREET</u> <u>ISTOL</u> State: <u>R</u> f Each Manager of the Limited Liab	is Actually Conduct UPPLIER OF THE Zip: 02809 or Title of Contact ER Zip: 02809	cted in Rhode Island ORIGINAL Country: USA Person: Country: USA
the list of codes here. Mo <u>339992</u> 4. Brief Description of t <u>THE MANUFACTURE</u> <u>PATENTED</u> <u>VIOLIN AND VIOLA</u> 5. Principal Office Addr No. and Street: <u>83</u> City or Town: <u>B1</u> 6. Mailing Address of L Contact Name: <u>KAREN</u> No. and Street: <u>83</u> City or Town: <u>BR</u> 7. Name and Address of	Code that best describes the primary re information on <u>NAICS</u> can be found the Character of the Business Which ER AND WHOLESALE/RETAIL S <u>SUPPORT SLING.</u> ess <u>STATE STREET</u> <u>RISTOL</u> State: <u>RISTOL</u> State: <u>RISTOL</u> State: <u>OWN</u> <u>STATE STREET</u> <u>ISTOL</u> State: <u>R</u> f Each Manager of the Limited Liab	is Actually Conduct UPPLIER OF THE Zip: 02809 or Title of Contact ER L Zip: 02809 ility Company, if Ap	cted in Rhode Island ORIGINAL Country: USA Person: Country: USA

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

KAREN A. RINGERIDE 83 STATE STREET BRISTOL, RI 02809

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 8 Day of October, 2017 at 6:52:34 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 KAREN A. RINGERIDE

Signature of Authorized Person

Form No. 632 Revised 09/07

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