RI SOS Filing Number: 201751539580 Date: 10/13/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

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

STAMS

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 i	is not filed by De	ecember 1.	_		
1. Entity ID Number 788078		2 Exact name of the Limited Liability Company BRIGGSBRAINS, LLC				
3 NAICS Code 485999		Brief description of the character of business conducted in Rhode Island     Exploration and Adventure				
5 State of Formation Rhode Island						
6. Principal Office Address			City	State	Zip	
36 Washington Square			Newport	RI	02840	
7. Mailing Address of Limit	ted Liability Compa	ny and Name or	Title of Contact Person		_	
Contact Name Mark B. Bardorf			Contact Title	Contact Title		
Street Address 36 Washington Square			City Newport	State RI	<sup>Zip</sup> 02840	
8 List ALL managers (nar	mes and addresser	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zıp	City	State	Zıp	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zıp	
· -				Check the box to	indicate an attachment	
9. Resident Agent in Rhod	le Island. This inform	nation is currently (	of record with the Department of St	ate. Changes require filin	ng Form 642	
Under penalty of perjury, statements, and that all s			examined this report, including true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
MARU BRZ665				(0)	(10/17	
Signature of Authorized Pe	argon )	SIGN	I DOCUVENT HERE	l	1	

MAIL TO:

**Division of Business Services** 

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

OCT 1 3 2017

BY\_