RI SOS Filing Number: 201753752770 Date: 11/21/2017 4:00:00 PM

	State of Rhode Island and Providence Plantations Department of State - Business Services	Divisior
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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	· · · · · · · · · · · · · · · · · · ·						
791028		HELLY NEWPORT, LLC					
3. NAICS Code	4. Brief descr	4. Brief description of the character of business conducted in Rhode Island					
448140	Retail Sale	Retail Sales					
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
154 Thames Street			Newport	RI	02840		
7. Mailing Address of Limite	d Liability Company	y and Name or Titl	e of Contact Person				
Contact Name Jay M. Lask	у		Contact Title Manager				
Street Address 154 Thames Street			City Newport	State RI	^{Zip} 02840		
8. List ALL managers (nam	es and addresses)	of the Limited Lial	bility Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS		
Manager Name Jay M. Las			Manager Name				
Street Address 54 Thames	Street		Street Address				
City Newport	State RI	^{Zip} 02840	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
<u> </u>				Check the box to i	ndicate an attachment		
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, statements, and that all s	i declare and affir	m that I have exa	mined this report, includi	ng any accompanyin	g schedules and		
Name of Authorized Person							
MARCI	1 CASK-	<u> </u>		<u> </u>	<u> </u>		
Signature of Authorized Pe	rson	SIGN D	OCUMENT HERE				
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MAIL TO:

Division of Business Services

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

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

FORM 632 - Revised: 08/2017