



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

STAMP

**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<br><b>791029</b>  |                 | 2. Exact name of the Limited Liability Company<br><b>ANNEXTEES, LLC</b>                            |                              |                         |                     |
| 3. NAICS Code<br><b>448140</b>  |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>Retail Sales</b> |                              |                         |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |                 |  |                              |                         |                     |
| 6. Principal Office Address<br><b>154 Thames Street</b>   |                 |  | City<br><b>Newport</b>       | State<br><b>RI</b>      | Zip<br><b>02840</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                 |  |                              |                         |                     |
| Contact Name <b>Jay M. Lasky</b>  |                 |  | Contact Title <b>Manager</b> |                         |                     |
| Street Address <b>154 Thames Street</b>   |                 |  | City <b>Newport</b>          | State <b>RI</b>         | Zip <b>02840</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |                 |  |                              |                         |                     |
| Manager Name <b>Jay M. Lasky</b>  |                 |  | Manager Name                 |                         |                     |
| Street Address <b>154 Thames Street</b>   |                 |  | Street Address               |                         |                     |
| City <b>Newport</b>   | State <b>RI</b> | Zip <b>02840</b>   | City                         | State                   | Zip                 |
| Manager Name  |                 |  | Manager Name                 |                         |                     |
| Street Address  |                 |  | Street Address               |                         |                     |
| City  | State           | Zip  | City                         | State                   | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |                 |  |                              |                         |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |                 |  |                              |                         |                     |
| <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b> |                 |  |                              |                         |                     |
| Name of Authorized Person<br><b>Rob Lasky</b>   |                 |  |                              | Date<br><b>10/10/17</b> |                     |
| Signature of Authorized Person<br>  |                 |  |                              | SIGN DOCUMENT HERE      |                     |

**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**

**NOV 21 2017**

BY

**23019**