



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

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Annual Report for the year: 2013

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 <b>000562295</b>		2. Exact name of the Limited Liability Company <b>APRES BY CK BRADLEY, LLC</b>		
3. NAICS Code <b>454110</b>		4. Brief description of the character of business conducted in Rhode Island <b>Design, Retail, Wholesale.</b>		
5. State of Formation <b>RI</b>				
6. Principal Office Address <b>7 MERTON RD</b>		City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <b>Camilla Bradley</b>		Contact Title <b>Owner</b>		
Street Address <b>7 Merton Rd</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>Camilla Bradley</b>		Manager Name		
Street Address <b>7 Merton Rd</b>		Street Address		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
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 <b>Camilla Bradley</b>			Date <b>11/17/17</b>	
Signature of Authorized Person <i>[Signature]</i>				

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BY 46 318207

MAIL TO:

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