State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: ___ 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

Customer t z 1848	1	D
tz1848	•	
Pin: 6718		
	:	

Entity ID Number 2 Exact name of the Limited Liability Company							
T Worma Jean Designs // U							
4 Brief description of the character of business conducted in Rhode Island							
5/2990 design, bales, manufacting							
5 State of Formation							
R.I.	<u> </u>			_			
Principal Office Address			City do	State T	Zip c . 2		
5 Pine Grove Fare-			West Greenwich	M.L	02817		
7 Mailing Address of Umited Liability Company and Name or Title of Contact Parson							
Consorma Jean Bassett		Contact The Sident					
Streff Add as Time Charle Charle		West Greenwich	State	ZC 02817			
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name			Manager Name				
Street Address			Street Address				
City	State	2 ρ	City	State	Zip		
Manager Name Manager Name					•		
Street Address			Street Address				
City	State	Zip	City	State	Zp		
			Che	sk the box to indi	cate 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, 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.							
Name of Authorized Person Date							
Norma Jean BASSETT 12/1/2017							
Signature of Authorized Person Basic William							

MAIL TO:

Division of Business Services

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

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

DEC 19 2017

FORM 632 - Revised: 10/2017