



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

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 <u>000529123</u>		2. Exact name of the Limited Liability Company <u>Soma Intimates LLC</u> (448110)	
3. State of Formation <u>FL</u>		4. Brief description of the character of business conducted in Rhode Island <u>retail - women's intimate apparel</u>	
5. Principal Office Address <u>11215 Metro Parkway</u>		City <u>Fort Myers</u>	State <u>FL</u> Zip <u>33966</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Luanne Burkholder</u>		Contact Title <u>Staff acct</u>	
Street Address <u>11215 Metro Pkwy</u>		City <u>Fort Myers</u>	State <u>FL</u> Zip <u>33966</u>
7. 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	City	State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State Zip
Check the box to indicate an attachment <input type="checkbox"/>			
8. Resident Agent in Rhode Island. This information is currently of record in 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 <u>Luanne Burkholder</u>		Date <u>1/10/18</u>	
Signature of Authorized Person <u>Luanne Burkholder</u>		SIGN DOCUMENT HERE	

**FILED**

JAN 19 2018

BY 760191

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov