



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. ID No. 000509932

2. Exact Name of the Limited Liability Company THINK OUTSIDE, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

424330

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE BUYING, SELLING AND DEALING IN, AT WHOLESALE, RETAIL OR MAIL ORDER OF
MENS, WOMENS AND CHILDRENS APPAREL, DRINKWARE, ACCESSORIES AND
GENERAL
MERCHANDISE, WITH AN EMPHASIS ON THE USE OF "GREEN" MATERIALS OR ANY
OTHER
LAWFUL PURPOSE.

5. Principal Office Address

No. and Street: 16 ROSE LANE
City or Town: RICHMOND State: RI Zip: 02875 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: DAVID DUCHARME Contact Title: MANAGER
No. and Street: 16 ROSE LANE
City or Town: RICHMOND State: RI Zip: 02875 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	KELLIE DUCHARME	16 ROSE LANE RICHMOND , RI 02875 USA
MANAGER	DAVID DUCHARME	16 ROSE LANE RICHMOND, RI 02875 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

DIANA M. DUCHARME 100 WESTMINSTER STREET, SUITE 1500 C/O HINCKLEY ALLEN
PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 23 Day of May, 2018 at 5:21:43 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DAVID DUCHARME
Signature of Authorized Person

Form No. 632
Revised 09/07