	State of Rhode Island an Office of the Se			6 Fee: \$50.00
Division Of Business Services				
148 W. River Street Providence RI 02904-2615				
(401) 222-3040				
AOPET	· · ·			
Limited Liability (Annual Report	Company			
Filing Period: Septemb	ber 1 - November 1			
	I.G.L. 7-16-66(d), each limited liabilit			
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 Y	EAR: <u>2018</u>			
1. ID No. <u>00014</u>	5892			
2. Exact Name of the Limited Liability Company <u>47 EAGLE CLOTHING LLC</u>				
3. State of Formation				
State: <u>RI</u>				
ARTICLE III				
Enter the six divit NAICC Code that best describes the primery business conducted by the artity. Developed				
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.				
<u>448190</u>				
4. Brief Description	of the Character of the Business	Which is	Actually Conducted	in Rhode Island
RETAIL CLOTHIN	IG			
5. Principal Office A	ddress			
	<u>C/O 10 SPOT / MADRAG</u> 5601 WESTSIDE AVENUE			
	NORTH BERGEN	State:	<u>NJ</u> Zip: <u>07047</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Cor	ntact Title:			
	/O 10 SPOT / MADRAG			
City or Town: <u>5601 WESTSIDE AVENUE</u> <u>NORTH BERGEN</u> State: <u>NJ</u> Zip: <u>07047</u> Country: <u>USA</u> <u>USA</u> <u>NORTH BERGEN</u> <u>NORTH BERGEN</u> <u><u>NORTH BERGEN</u> <u><u>NORTH BERGEN</u> </u></u></u></u></u></u></u></u></u></u></u></u></u>				
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name		Addres	ss
	First, Middle, Last, Suffix		Address, City or Town, State, Zip Code, Country	

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

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

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

Signed this 13 Day of August, 2018 at 10:16:07 AM 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 <u>HOWARD HOFFMAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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