



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

Annual Report for the year: 2015  
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.

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SECRETARY OF STATE  
CORPORATIONS DIV  
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1. Entity ID Number <b>486922</b>		2. Exact name of the Limited Liability Company <b>mycabinetonline LLC</b>			
3. NAICS Code <b>454110</b>		4. Brief description of the character of business conducted in Rhode Island <b>sales of Kitchen cabinets</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>24 Ballou Ave</b>		City <b>Lincoln</b>		State <b>RI</b>	Zip <b>02865</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Donna Ferrante</b>			Contact Title <b>member</b>		
Street Address <b>SAME AS ABOVE</b>			City		State
			Zip		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Donna Ferrante</b>			Manager Name		
Street Address <b>SAME</b>			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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					
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 <b>Donna Ferrante</b>				Date <b>8/23/18</b>	
Signature of Authorized Person <b>Donna Ferrante</b>					

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

FILED 8:40

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BY **368EON**