s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00	
	Division Of Business 148 W. River S			
	Providence RI 02904-2615			
HOPE	(401) 222-30			
Limited Liability Com Annual Report	pany			
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: 2018				
<b>1. ID No.</b> <u>000704469</u>				
2. Exact Name of the Limited Liability Company <u>ARISTOCRAFT OF AMERICA LLC</u>				
3. State of Formation				
State: <u>OH</u>				
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>812310</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
SALE AND DISTRIBUTION OF DRY CLEANING AND LAUDROMAT SUPPLIES				
5. Principal Office Addre	SS			
No. and Street: 8 WES	ST INDUSTRIAL PARK			
City or Town: OXFC	D <u>RD</u> SI	ate: <u>MA</u> Zip: <u>01540</u> Cou	ntry: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Contact	Title:			
	ST INDUSTRIAL PARK			
City or Town: OXFORD State: MA Zip: 01540 Country: USA				
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	ode, Country	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER				

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

**Signed this 24 Day of August, 2018 at 11:12:44 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 JOHN WEJMAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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