



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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 1678717		2. Exact name of the Limited Liability Company SECOND SHIFT VENTURES, LLC			
3. NAICS Code 812112		4. Brief description of the character of business conducted in Rhode Island HEALTH AND BEAUTY FANTASTIC SAMS FRANCHISE			
5. State of Formation RI					
6. Principal Office Address 82 FIELDSTONE DRIVE			City COVENTRY	State RI	Zip 02816
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JOHN KILE			Contact Title MANAGER		
Street Address P. O. BOX 907			City COVENTRY	State RI	Zip 02816
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name J. E			Manager Name		
Street Address			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 ☐					
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 MICHAEL WIMMER				Date 9/1/18	
Signature of Authorized Person 					

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

SEP 04 2018

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FORM 632 - Revised: 10/2017