



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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

2018 SEP 10 AM 11:10

**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<br><b>1661443</b>   |       | 2. Exact name of the Limited Liability Company<br><b>OMstack LLC</b>   |                               |                        |                     |
| 3. NAICS Code<br><b>423940</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>RETAIL AND WHOLESALE JEWELRY</b> |                               |                        |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>  |       |  |                               |                        |                     |
| 6. Principal Office Address<br><b>30 FOREST STREET</b>  |       |  | City<br><b>PROVIDENCE</b>     | State<br><b>RI</b>     | Zip<br><b>02906</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                               |                        |                     |
| Contact Name <b>JOSEPH RAHEB</b>  |       |  | Contact Title <b>ATTORNEY</b> |                        |                     |
| Street Address <b>650 WASHINGTON HWY., SUITE 200</b>  |       |  | City <b>LINCOLN</b>           | State <b>RI</b>        | Zip <b>02865</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                               |                        |                     |
| Manager Name <b>NONE</b>  |       |  | 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                 |
| <input type="checkbox"/> 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.   |       |  |                               |                        |                     |
| <i>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.</i> |       |  |                               |                        |                     |
| Name of Authorized Person<br><b>HANNAH GARRISON</b>   |       |  |                               | Date<br><b>8/22/18</b> |                     |
| Signature of Authorized Person<br>X  SIGN DOCUMENT HERE   |       |  |                               |                        |                     |

**MAIL TO:**

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

**FILED**

SEP 10 2018

BY CK # 146