s s	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00				
Division Of Business Services							
	148 W. River Street Providence RI 02904-2615						
HOPE	(401) 222-30						
Limited Liability Company							
Annual Report 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>001663430</u>							
2. Exact Name of the Limited Liability Company <u>PSP Stores, LLC</u>							
3. State of Formation							
State: <u>OH</u>							
ARTICLE III							
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download							
the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.							
<u>453910</u>							
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode	e Island				
OPERATION OF CHAIN OF SPECIALTY RETAIL STORES							
5. Principal Office Address							
No. and Street: <u>17197 N LAUREL PARK DR STE 402</u>							
City or Town: <u>LIVON</u>	IA	State: <u>MI</u> Zip: <u>48152</u> Coun	try: <u>USA</u>				
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:							
Contact Name: Contact Title:							
No. and Street: <u>17197 N LAUREL PARK DR STE 402</u> City or Town: LIVONIA State: MI Zip: 48152 Country: USA							
City or Town: LIVONIA State: MI Zip: 48152 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 Code	e, Country				
MANAGER	DANIEL BOOSE	17197 N LAUREL PARK DR S LIVONIA, MI 48152	TE 402				

CHRISTOPHER ROWLAND

MANAGER

17197 N LAUREL PARK DR STE 402

MA		٩G	FR
IVIA	11/1/	٦G	

MILES TEDDER

LIVONIA, MI 48152 USA

17197 N LAUREL PARK DR STE 402 LIVONIA, MI 48152 USA

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

**Signed this 17 Day of September, 2018 at 4:53:40 PM 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 DANIEL BOOSE

Signature of Authorized Person

Form No. 632 Revised 09/07

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