



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2018**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 791877		2. Exact name of the limited liability company Anna Ober & Co., LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Wholesale, retail and representation of jewelry 423940			
5. Principal office address 2145 Diamond Hill Road-suite 2		City Cumberland		State RI	Zip 02864
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Anna Ober		Contact Title Owner			
Street Address 2145 Diamond Hill Road-suite 2		City Cumberland		State RI	Zip 02864
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name		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
8. RESIDENT AGENT IN RHODE ISLAND					
This Information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 31 2018

11:38

BY Anna Ober 25405

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 R.I. DEPT. OF STATE
 BUS SVCS DIV.
 2018 OCT 31 AM 11:38

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Anna Ober 10/25/18
 Signature of Authorized Person Date

Anna Ober

Print or Type Name of Authorized Person