RI SOS Filing Number: 201880899360 Date: 11/5/2018 4:00:00 PM

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

STAMP

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.

Entity ID Number	2 Evact name	of the Limited Lie	hility Company		
791029	2. Exact name of the Limited Liability Company ANNEXTEES, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
448140	Retail Sales				
5. State of Formation					
Rhode Island					
6. Principal Office Address	<u> </u>		City	State	Zip
154 Thames Street			Newport	RI	02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jay M. Lasky			Contact Title Manager		
Street Address 154 Thames Street			City Newport	State RI	<sup>Zip</sup> 02840
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Jay M. Lasky			Manager Name		
Street Address 154 Thames Street			Street Address		
City Newport	State RI	Zip 02840	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  Date					
Signature of Authorized Person					
SIGN DOCUMENT HERE					
Street Address  City Newport  State RI  Zip 02840  City  Manager Name  Manager Name  Street Address  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  City  State  Zip  Check the box to indicate an attachme  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  Date  ///2// 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

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FORM 632 - Revised: 10/2017