S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	treet	
HOPE	(401) 222-304	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. 000154177			
2. Exact Name of the Limited Liability Company DONNA DRESSLER DESIGNS, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>541490</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rh	node Island
DESIGN AND SALE O	F JEWELRY		
5. Principal Office Addre	SS		
	<u>SYLVIA LANE</u> <u>NCOLN</u> State: <u>RI</u>	Zip: <u>02865</u> Countr	ry: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:	
No. and Street: <u>12</u>	DRESSLER Contact Title: <u>MEMBE</u> SYLVIA LANE	_	
City or Town: LIN	COLN State: <u>RI</u>	Zip: 02865 Countr	ry: <u>USA</u>
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, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LAPLANTE & SOWA, LTD. 272 WEST EXCHANGE STREET PROVIDENCE, RI 02903

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

Signed this 30 Day of November, 2018 at 4:33:35 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 <u>DONNA DRESSLER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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