	State of Rhode Island
	State of Rhode Island Department of State of St

and Providence Plantations State - Business Services Division

Annual Report for the year: 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	2. Exact n	2. Exact name of the Limited Liability Company						
001678496	Po	16 LC						
3. NAICS Code	_	Brief description of the character of business conducted in Rhode Island						
454110	RE	RETAIL TOOD PRODUCTS ONLINE.						
5. State of Formation								
RI								
6. Principal Office Address			City	State	Zipa Ma			
675 W SHORE	E RI		City	KI	2182 ffg			
7. Mailing Address of Limited			··- ·· <u> </u>					
Contact Name PHILIPPE HOUZE		Contact Title PRESIDENT						
Street Address 675 W June RD			CityWARWICA	State	Zin ON Sty			
8. List ALL managers (name	s and addresse	s) of the Limited L	iability Company, IF APPLICABL	E - DO NOT LIST	MEMBERS			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zıp	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zıp	City	State	Zıp			
			· · · · · · · · · · · · · · · · · · ·	Check the box to i	ndicate an attachment			
9. Resident Agent in Rhode Is	sland. This inform	nation is currently of	record with the Department of State	. Changes require filir	ng Form 642.			
Under penalty of perjury, I destatements, and that all sta			xamined this report, including rue and correct.	any accompanyin	g schedules and			
Name of Authorized Person	PHILIPOE	- HOUZE		Date OT/20/19				
Signature of Authorized Person	on C		April					
	••••	1	6/0					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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